Government of Saskatchewan

Annual Statistical Report 2001-02

Saskatchewan Health

Drug Plan and Extended Benefits Branch

104-04176/

Preface

This document is a statistical supplement to the Annual Report of Saskatchewan Health for the fiscal year 2001-02. It contains statistical data concerning the programs administered by the Drug Plan and Extended Benefits Branch, including the Drug Plan, Supplementary Health Program, Family Health Benefits and Saskatchewan Aids to Independent Living.

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Drug Plan & Extended Benefits Branch

The Drug Plan and Extended Benefits Branch was formed on April 1, 1996 by amalgamating the Drug Plan program, the Supplementary Health program, the Saskatchewan Aids to Independent Living program, and the Income testing for Special Care Homes.

MISSION STATEMENT

Drug Plan and Extended Benefits Branch provides benefits to the eligible Saskatchewan population by:

- promoting optimal, cost-effective drug therapy and extended benefits
- subsidizing qualifying residents and
- facilitating the use of the database

The following kinds of activities contribute to achieving the Mission:

- leading policy development on Drug Plan, SAIL, Supplementary Health and Family Health Benefits related issues
- providing Drug Plan benefits to the eligible Saskatchewan population
- providing non-insured health benefits to residents nominated for Supplementary Health benefits by Saskatchewan Social Services, and for residents receiving Family Health Benefits
- providing Saskatchewan Aids to Independent Living (SAIL) Program benefits to eligible residents
- administering, on behalf of Health Districts, income tested resident charges for residents of Special Care Homes
- providing case management services in appropriate areas
- improving program delivery and accountability to the public and the Legislature through trends analysis and annual statistical reports
- providing funds for various initiatives that encourage appropriate use of drugs, e.g. RxFiles Academic Detailing Program
- using the claims paid database for various studies to promote appropriate use of drugs

Eligibility for Coverage

Drug Plan

Eligible
All Saskatchewan residents with valid Saskatchewan Health coverage unless coverage is provided by another federal or provincial government or non-government agency.

Active beneficiaries
A resident of Saskatchewan who received an eligible prescription.

Not Eligible
Beneficiaries eligible under the Medical Services Division of Indian Health Canada, Department of Veteran Affairs, Royal Canadian Mounted Police, Canadian Forces, Workers' Compensation, and Federal Penitentiary.

Supplementary Health

Eligible
People nominated for coverage by Saskatchewan Social Services, inmates of correctional institutions, nominated seniors in special care homes or hospitals whose incomes are below the Saskatchewan Income Plan level and Saskatchewan Income Plan recipients living in the community.

Family Health Benefits

Eligible
Families who receive the Saskatchewan Child Benefit and/or the Saskatchewan Employment Supplement.

Saskatchewan Aids to Independent Living (SAIL)

Eligible
People with long term disabilities or illnesses, which leave them unable to function fully, may receive specialized benefits to help them achieve more independent and active lifestyles.

Saskatchewan residents with valid Saskatchewan Health coverage.

Not Eligible
Beneficiaries eligible under departments or agencies of the Government of Canada, the Workers' Compensation Board, Saskatchewan Government Insurance, or are residents of general, rehabilitation or extended care hospitals.

Highlights for 2001-02

Drug Plan

- One in every four families that received a prescription received a financial benefit.

- At June 30, 2001, a total of 930,716 individuals, representing approximately 521,175 family units were eligible to receive Drug Plan benefits.

- A total of 629,090 individual beneficiaries representing 434,615 family units, purchased eligible prescriptions. This represents 68% of eligible individuals.

- Tendering of certain high volume interchangeable drug groups helped to keep Formulary drug prices low. Estimated savings for Saskatchewan residents and the Drug Plan in 2001-2002 were approximately $14.7M.

- Terminally ill patients covered under the Palliative Care Program received 76,176 prescriptions at no charge. The Drug Plan payment for Palliative Care was $3.5 million.

- **The Special Support Program:**
  - helped 42,508 families (70% were senior families)
  - provided benefits in the amount of $58.0 million
  - dispensed an average of 38.8 prescriptions to each active beneficiary
  - dispensed an average of 52.8 prescriptions to each family unit
  - assisted on average 68.5% of the total prescription costs.

- **Active beneficiaries not subject to a deductible:**
  - helped 56,609 families
  - provided benefits of $39.8 million
  - dispensed an average of 12.9 prescriptions to each active beneficiary
  - dispensed an average of 17.3 prescriptions to each family unit
  - assisted on average 98.4% of the total prescription costs.

- **Active beneficiaries who are subject to a deductible and a co-payment:**
  - provided benefits of $17.1 million
  - dispensed an average of 9.6 prescriptions to each active beneficiary
  - dispensed an average of 14.2 prescriptions to each family unit
  - assisted on average 12.5% of the total prescription costs.

- **Drug claims processed for Formulary and Exception Drug Status drugs:**
  - processed 8.0 million prescriptions during April 1/01 to March 31/02
  - provided benefits in the amount of $114.9 million
  - average drug acquisition cost per prescription was $23.95
  - average mark-up paid to pharmacies was $2.43
  - average dispensing fee paid to pharmacies was $6.38.

Supplementary Health

- The average number of eligible beneficiaries under the program was 48,154.
- Net payments for the program were $13.41 million during the fiscal 12-month period.
- Program expenditures per eligible beneficiary rose from $156.61 in 1997-98 to $278.45 in 2001-02. These figures do not include Formulary Drugs (covered by the Drug Plan).

Family Health Benefit Program

- The average number of eligible beneficiaries under the program in 2001-02 was 66,961 (29,104 adults and 37,857 children). This is a decrease of 4,019 beneficiaries over the previous year. The number of eligible families was 23,259.
- Net payments for the program were $4.37 million from April 1, 2001 to March 31, 2002. This is a increase of $172,000 from the previous year. These figures do not include Formulary Drugs (covered by the Drug Plan).

Saskatchewan Aids to Independent Living (SAIL)

- Net payments during the 12-month period were $2.24 million for Orthopaedic services and $3.80 million for Special Needs Equipment.
- The SAIL Oxygen program was changed in 1996-97 to provide benefits according to medical criteria. The program cost in 2001-02 was $7.71 million compared to $8.9 million in 1995-96.
- Net payments for approved beneficiaries were $6.43 million for non-formulary drugs and $0.69 million for ostomy supplies in the fiscal 12-month period. The cost for drugs did not increase form the previous year.
- A total 4,600 orthopaedic issues were made in 2001-02, a slight increase from the previous year. The number of repairs was 3,429, a slight increase over the previous year.
- A total 20,598 wheelchairs and other special needs equipment aids were loaned to beneficiaries in 2001-02, an increase of 1,274 over the previous year. The number of needs equipment repairs was 1,717, an increase of 272 from the previous year.

The Drug Plan

Background

- Enabling legislation for the Drug Plan, The Prescription Drugs Act was assented to on May 10, 1974.

- The Drug Plan began providing benefits on September 1, 1975. A review process was established to recommend which drugs should be covered under the Drug Plan. The actual acquisition cost plus a dispensing fee comprised the total cost of a Formulary drug. During the first full year, $14.9 million was paid in benefits; the average prescription cost was $6.04; and the average consumer share was $1.96 per prescription.

- On July 1, 1987, a mark-up on the cost of a drug was added. Mark-up was calculated on the acquisition cost before the dispensing fee was added.

- On July 1, 1987, the Drug Plan was changed from a fixed co-payment coverage program to a basic deductible* and percentage co-payment program. Those residents entitled to special health benefits were exempted.

- On July 1, 1987, Palliative Care coverage was introduced.

- On January 1, 1989, Point of Sale terminals were installed for each pharmacy to submit claims information electronically for adjudication on-line real time.

- On January 1, 1989, eligible drugs purchased anywhere in Canada by all eligible Saskatchewan residents became a benefit.

- On March 8, 1991, beneficiaries in Special Care Homes who previously paid a maximum $3.95 for each prescription, became part of the deductible plan.

- On July 1, 1991, the coverage policy for drugs in an interchangeable group was changed. The actual acquisition cost of every product in the interchangeable group is covered only up to lowest listed price in the group.

- In October 1997, implemented a Managed Care Fee for community-based pharmacies that provide monitoring, supervision and other required activities to administer the Methadone Program.

- In December 1997, the Task Force on High Cost Drugs was appointed to determine improvements that would be appropriate to the way government evaluates new pharmaceuticals such as bringing greater transparency to the process; review the implications of providing new drugs in the scope of the Saskatchewan Prescription Drug Plan; and identify actions Saskatchewan should take at the federal, provincial and territorial level, including approaches to a National Pharmacare Program.

- In August 1999, implemented a Trial Prescription Program.

- In 2000, the Prescription Drug Plan, in partnership with the Saskatoon Health District (SHD) implemented the RxFiles Academic Detailing Program as an educational program aimed at assisting physicians in selecting the most appropriate and cost-effective drug therapy for their patients. This program is an extension of the Community Drug Utilization Program, established in 1997 as a pilot project in the SHD.

  * Refers to ***History of Deductibles***.

History of Deductibles:

- **July 1, 1987**
  - Annual deductible of $125 (regular family), then a co-payment of 20%.
  - Annual deductible of $75 (senior family), then a co-payment of 20%.
  - Annual deductible of $50 (single senior), then a co-payment of 20%.

- **March 8, 1991**
  - Annual deductibles as above (1987), then a co-payment of 25%.
  - Residents of Special Care Homes became part of the deductible program.

- **May 19, 1992**
  - Semi-annual deductible of $190 (regular family), then a co-payment of 35% to a $375 maximum, then 10% co-payment.
  - Single Senior and Senior family deductibles at 1987 level but became semi-annual, with a co-payment of 35% to a $375 maximum, then 10% co-payment.

- **March 19, 1993**
  - Families became eligible for the Special Support program, where families and the Drug Plan share the cost of prescriptions if the cost for covered drugs exceeds 3.4% of the family income. The family co-payment for each covered prescription is set based on the relation between family income and eligible drug cost.
  - Family Income Plan recipients, Saskatchewan Income Plan recipients, and Guaranteed Income Supplement recipients in special care homes, a semi-annual deductible of $100 then a co-payment of 35%.
  - All other Guaranteed Income Supplement recipients, a semi-annual deductible of $200 then a co-payment of 35%.
  - All other family units subject to a deductible and not approved for Special Support, a semi-annual deductible of $850, then a co-payment of 35%.

- **December 1, 1997**
  - The $50,000 family income cap for the Special Support program was removed.

- **August 1, 1998**
  - The Family Health Benefits program was introduced to replace the Family Income Plan, adults a semi-annual deductible of $100 then a co-payment of 35%, and children no charge.

OBJECTIVES

The Drug Plan has been established to:

- provide coverage to Saskatchewan residents for quality pharmaceutical products of proven therapeutic effectiveness;
- reduce the direct cost of prescription drugs to Saskatchewan residents;
- reduce the cost of drug materials;
- encourage the rational use of prescription drugs.

Table 1 - Prescription Use & Drug Plan Payment

Type of Beneficiary	Active Beneficiaries [1]	Number of Prescriptions [2]	%	Total Drug Plan Payment [3]	%
April 2001 - March 2002					
Saskatchewan Assistance Plan Recipients					
-Prescription Charge Subsidized, (Plan One)	21,206	312,037	3.9	$ 11,266,453	9.8
-Prescription Charge Fully Covered					
Special Drugs for Plan One	2,332	36,610	0.5	1,077,925	0.9
Plan One Dependents to Age 18	10,082	47,266	0.6	1,075,659	0.9
Plans Two and Three	9,523	283,564	3.6	8,967,729	7.8
Special Beneficiaries					
-Paraplegics	1,282	38,090	0.5	1,254,965	1.1
-Cystic Fibrosis	96	2,907	0.0	784,742	0.7
-Chronic Renal Disease	760	50,130	0.6	3,334,006	2.9
-Others for Certain Drugs [4]	1,647	31,456	0.4	6,074,176	5.3
Family Health Benefits					
-Children	26,423	98,625	1.2	2,430,366	2.1
-Adults	18,927	113,773	1.4	924,659	0.8
Palliative Care	2,528	76,176	1.0	3,488,494	3.0
Emergency Assistance	110	494	0.0	13,487	0.0
Special Support	57,818	2,246,101	28.1	57,996,728	50.5
Income Supplement Recipients					
-Saskatchewan Income Plan	6,029	132,023	1.7	1,679,298	1.5
-Guaranteed Income Supplement					
Special Care Home	2,101	74,831	0.9	998,074	0.9
Community	21,336	414,128	5.2	3,972,019	3.5
Regular Deductible Program	446,890	4,021,615	50.4	9,526,914	8.3
Total	629,090	7,979,826	100.0	$114,865,694	100.0

1 Active Beneficiaries are more than in other tables as a beneficiary can appear in more than one type in the same year.

2 Refers to Formulary and Exception Drug Status drugs.

3 Drug Plan Payment is the total of the Drug Material Cost and Dispensing fee; less deductibles, the co-payment, and prescription charges paid by the consumer to the pharmacy.

4 Prescriptions for certain drugs have been restated to show under Special Beneficiaries to conform with co-payments policies established when approving coverage of new high cost MS drugs.

Types of Drug Plan Coverage

1. Saskatchewan Assistance Plan Coverage

Residents receiving benefits through the Saskatchewan Assistance Plan (SAP) are entitled to Drug Plan benefits at a reduced charge, or at no charge depending on their level of coverage. Deductibles are waived for these beneficiaries.

a. Plan One

Plan One beneficiaries 18 years or older are entitled to receive insulin, oral hypoglycemics, injectable vitamin B12, allergenic extracts, oral contraceptives and some products used in megavitamin therapy at no charge. These beneficiaries pay a reduced charge, to a maximum of $2.00, for all Formulary and approved Exception Drug Status drugs.

Dependents under 18 years of age are entitled to receive the above benefits at no charge.

b. Plan Two

Beneficiaries receiving Plan Two coverage are entitled to receive the same benefits as Plan One patients at no charge.

Plan Two coverage is provided to assist Plan One beneficiaries who require several drugs on a regular long-term basis. Eligibility for Plan Two coverage is determined on the basis of a physician's review of medication requirements, and application to the Drug Plan and Extended Benefits Branch.

c. Plan Three

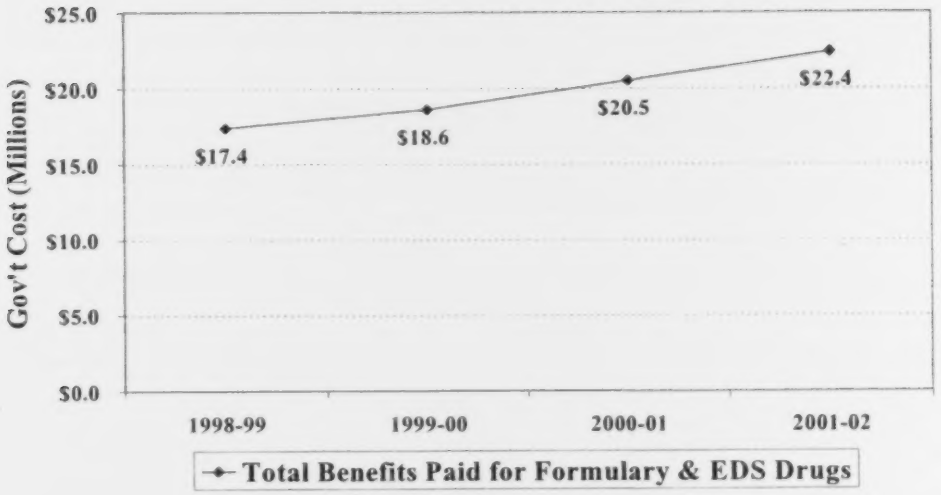
Plan Three beneficiaries are entitled to receive all Formulary drugs and certain non-Formulary drugs at no charge. Supplementary Health covers the cost of certain non-Formulary drugs and the cost of megavitamins and allergenic extracts for Plan One and Plan Two beneficiaries.

Plan Three beneficiaries are residents receiving supplementary assistance who live in Special-Care homes licensed under *The Housing and Special-Care Homes Act*, Approved Homes licensed under *The Mental Health Act*, wards of the province and inmates of provincial jails.

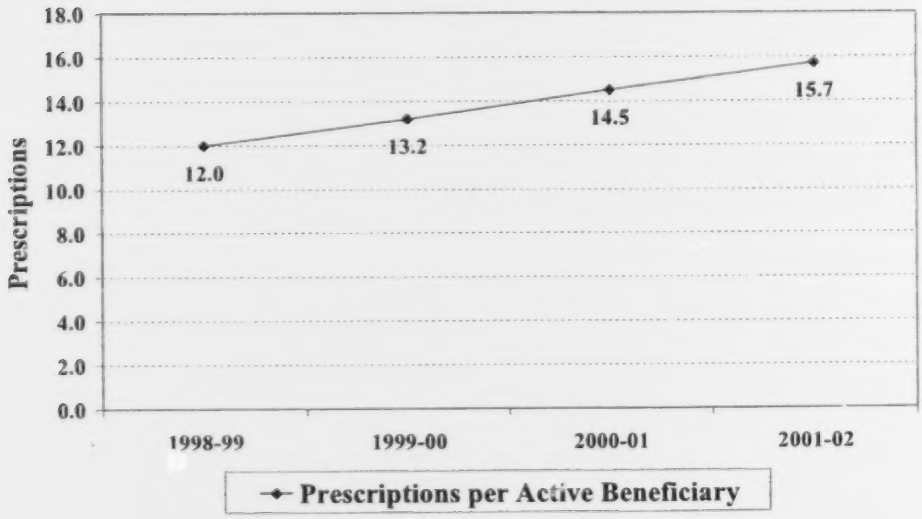
Saskatchewan Assistance Plan Coverage (Continued)

	1998-99	1999-00	2000-01	2001-02
Number of SAP Active Beneficiaries	51,797	48,435	45,732	43,143

Saskatchewan Assistance Plan Drug Coverage



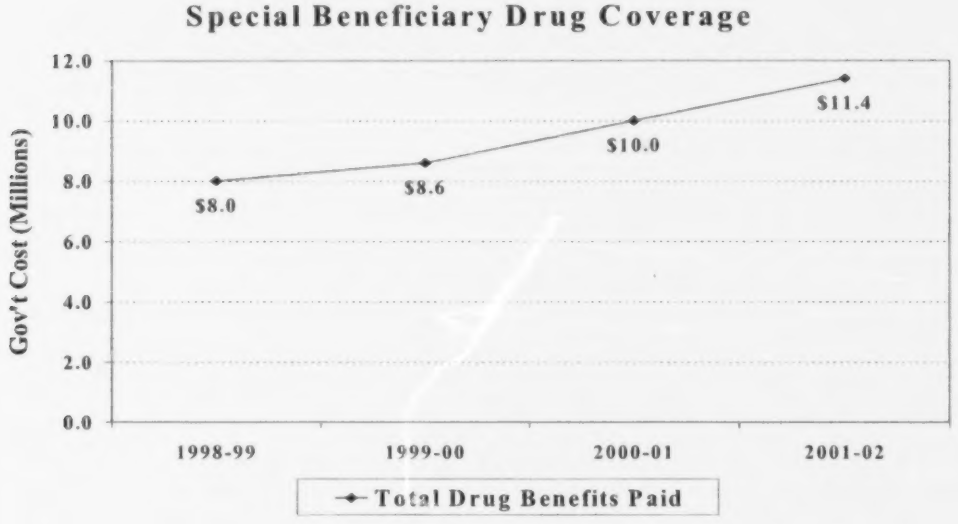
Saskatchewan Assistance Plan Drug Coverage

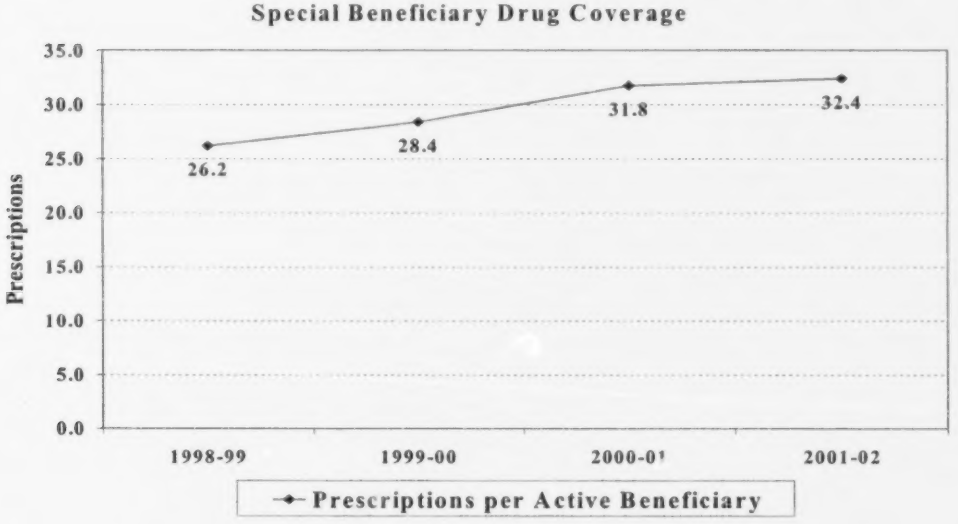


2. Special Beneficiaries

Special Beneficiaries include persons under the paraplegic program, cystic fibrosis program, chronic end-stage renal disease program, and users of certain no charge high cost drugs. These beneficiaries are entitled to receive certain non-Formulary drugs, Exception Drug Status drugs, and all prescribed Formulary drugs at no charge under the Drug Plan.

	1998-99	1999-00	2000-01	2001-02
Number of Active Beneficiaries	3,234	3,446	3,501	3,785



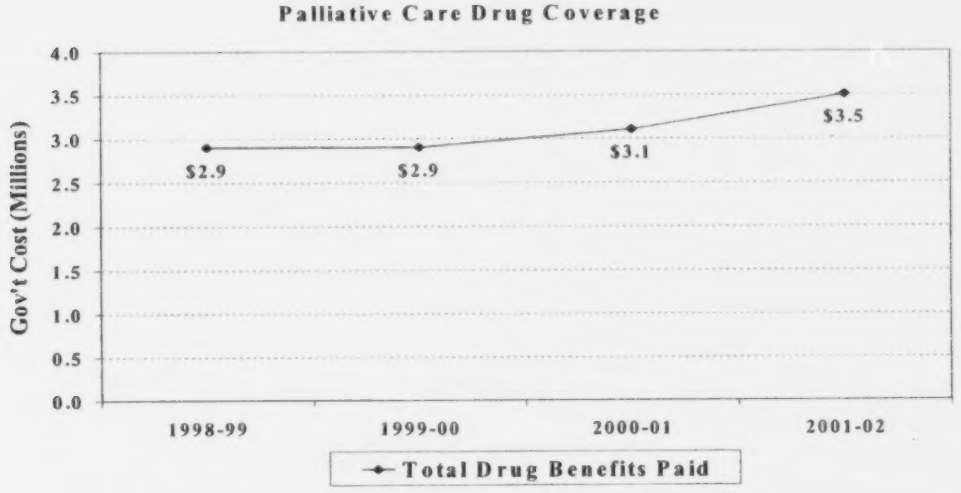


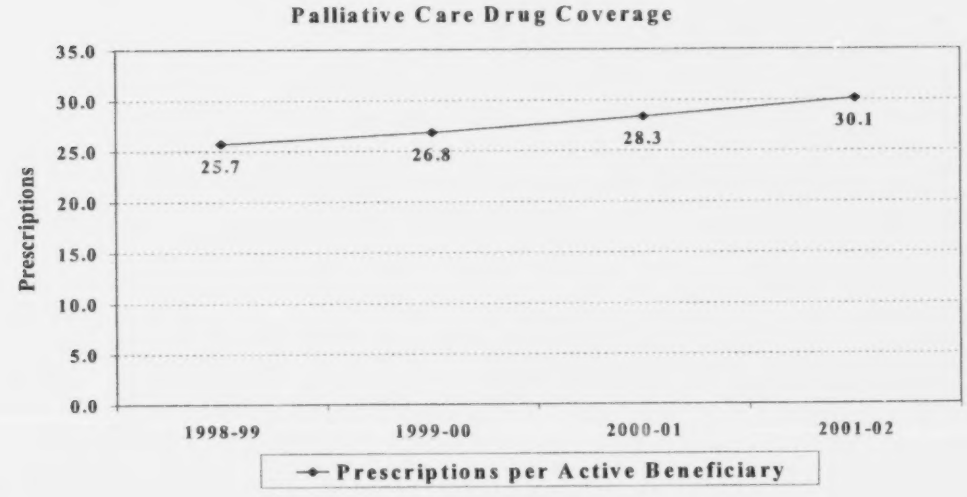
3. Palliative Care Coverage

Persons in late stages of terminal illness are entitled to receive at no cost:

- regular Formulary drugs;
- EDS drugs where prior approval has been granted;
- most laxatives.

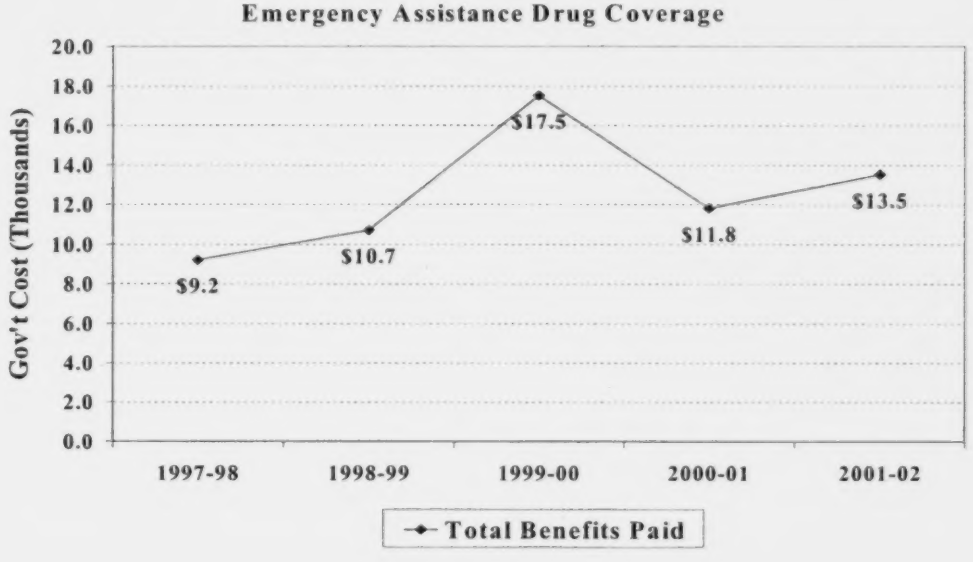
	1998-99	1999-00	2000-01	2001-02
Number of Active Beneficiaries	2,281	2,387	2,412	2,528





4. Emergency Assistance

Residents who require immediate treatment with covered prescription drugs and who are unable to cover the cost, may access emergency assistance. An eligible beneficiary may obtain a limited supply of covered prescription drug(s) at a reduced cost. The level of assistance provided will be in accordance with the consumer's ability to pay. Emergency assistance is available on one occasion, after which the beneficiary is then encouraged to apply for Special Support.



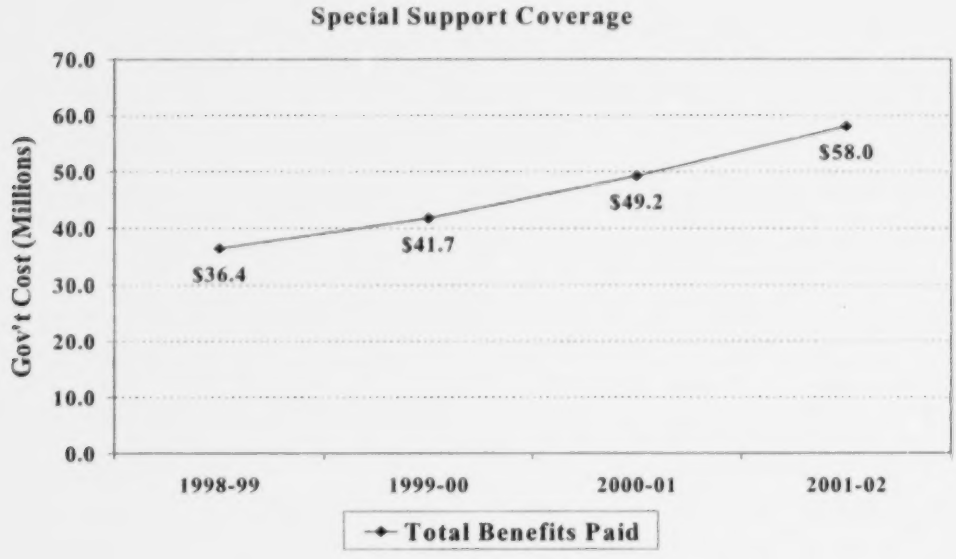
5. Special Support Coverage

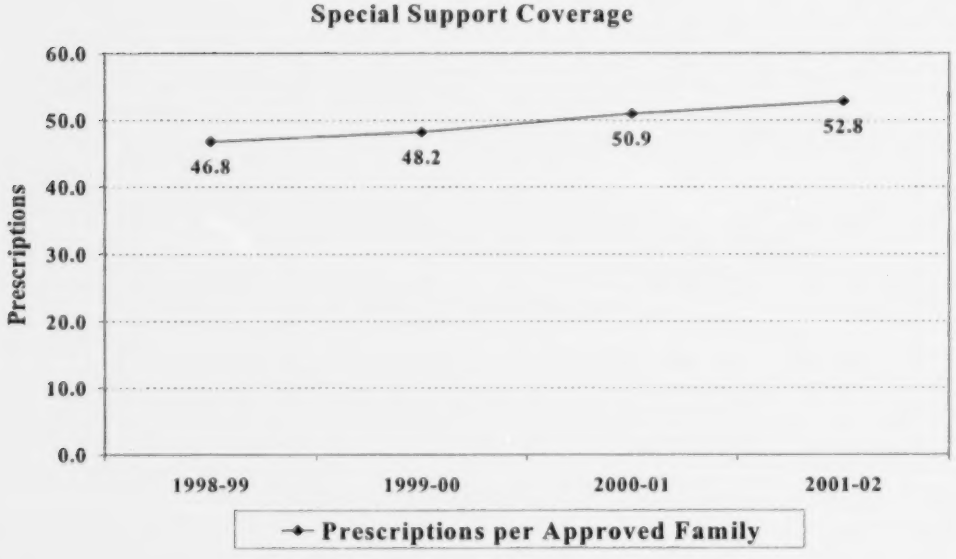
The Special Support program helps **those families whose drug costs are high in relation to their income**. If the annual drug costs exceed 3.4% of the family adjusted income (income after adjusting for the number of dependents), the family is eligible for Special Support benefits. Residents must apply for the Special Support benefits as the Drug Plan does not have access to the required information related to income.

If a family is eligible for this benefit, the family and the Drug Plan share the prescription cost, the family co-payment calculated by the formula estimated drug cost divided by adjusted family income.

Special Support Coverage (Continued)

	1998-99	1999-00	2000-01	2001-02
Number of approved Special Support Families	37,421	38,912	40,585	42,508



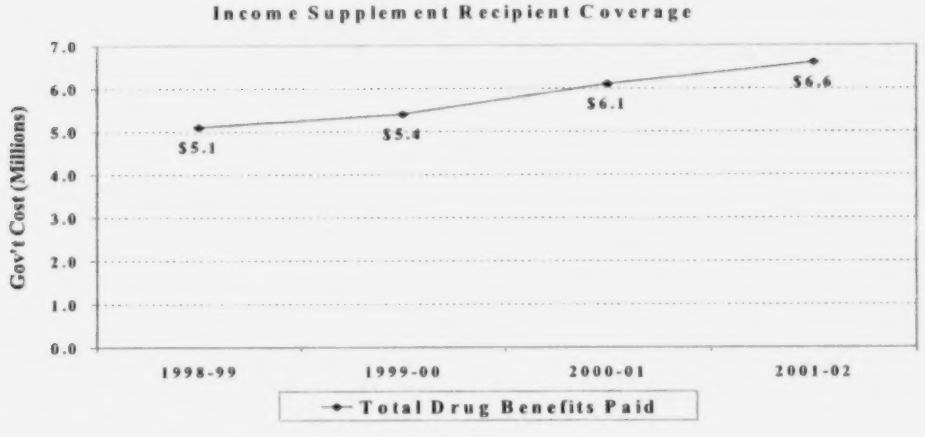


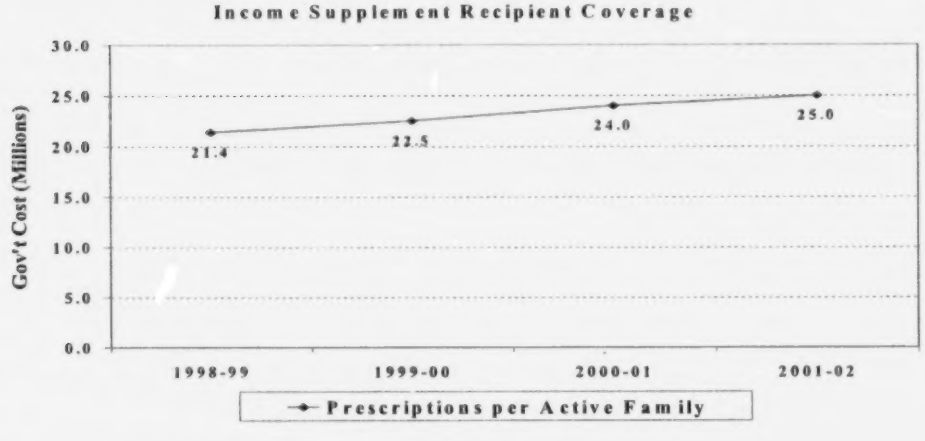
6. Income Supplement Recipients

Single seniors and senior families receiving the Saskatchewan Income Supplement (SIP) or receiving the federal Guaranteed Income Supplement (GIS) and residing in a nursing home have a $100 semi-annual deductible. Other single seniors and senior families receiving GIS have a $200 semi-annual deductible. The number of active families continues to decline as more income supplement families begin to incur high drug costs, the apply for Special Support. Other seniors who have higher incomes and low drug costs pay the regular $850 semi-annual deductible.

Note: Families approved for Family Health Benefits are not included in this chart.

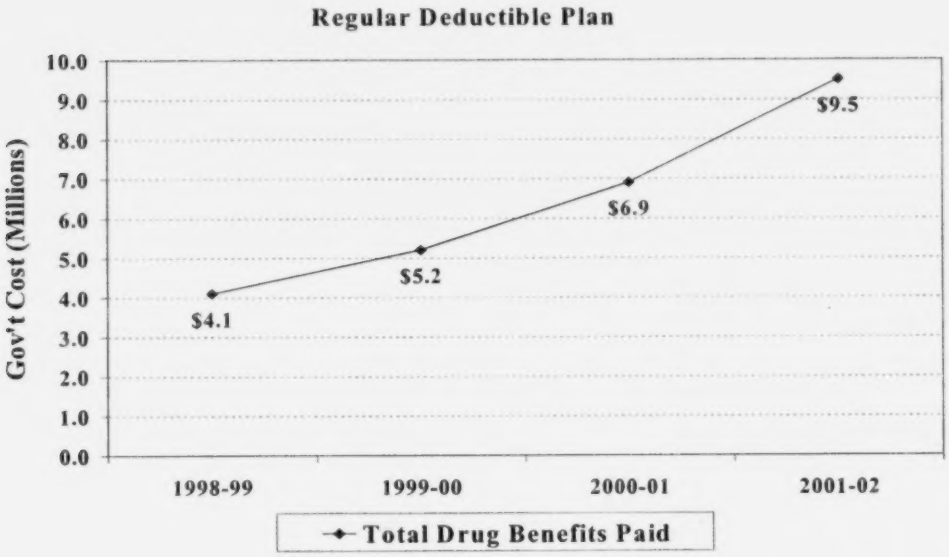
	1998-99	1999-00	2000-01	2001-02
Number of Active Families	28,899	27,351	26,199	24,849

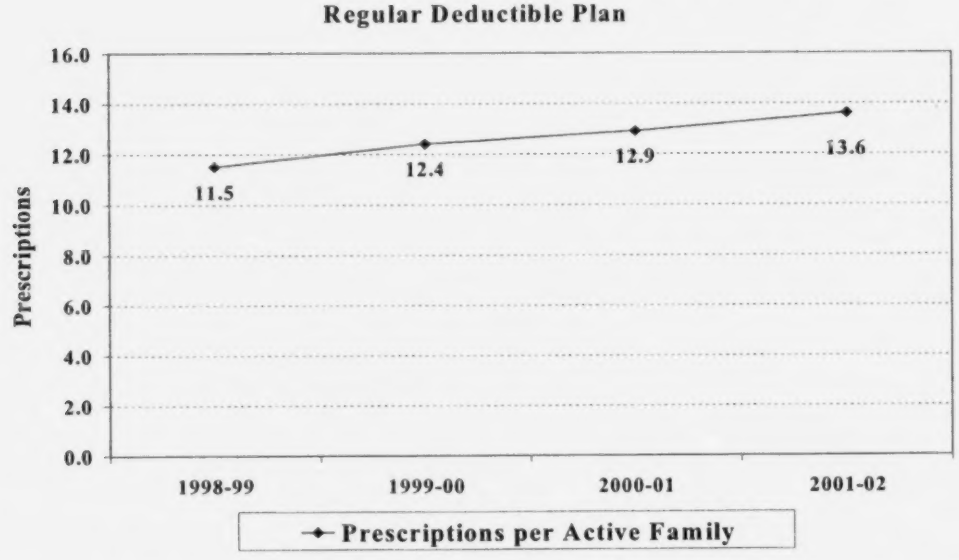




7. Regular Deductible Program

Families who are not eligible for any other Drug Plan coverage have an $850 semi-annual deductible, and pay a 35% co-payment after they have reached their deductible. This program was replaced with an income based program on July 1, 2002.





Family Health Benefit Program

Effective August 1, 1998, families who received the Saskatchewan Child Benefit, and/or the Saskatchewan Employment Supplement were eligible for the new Family Health Benefits.

Comprehensive Supplementary Health Benefits became available to children under the age of 18 who qualified (dental, optical, Formulary drugs, medical supplies and appliances and ambulance services).

Partial benefits became available for adults in qualifying families (eye examinations, chiropractic co-payments, $100 semi-annual Family Drug Plan deductible with a 35% consumer co-payment there after).

	1998-99	1999-00	2000-01	2001-02
Number of Active Children beneficiaries	22,039	28,749	27,551	26,423
Average number of Prescriptions per Child	3.2	3.7	3.7	3.7
Cost of the Program	$1.5M	$2.3M	$2.3M	$2.4M
Number of Active Adult beneficiaries	17,585	20,868	19,743	18,927
Average number of Prescriptions per Adult	6.4	5.1	5.6	6.0
Cost of the Program	$0.4M	$0.6M	$0.8M	$0.9M

Note: Not included in the above chart for is the program cost for Active Adults approved for special support. This program cost in 2000-01 was $1,728,475 and in 2001-02 was $1,771,352.

Drugs Covered by the Drug Plan

With the exception of insulin and urine and blood testing agents for diabetics, a prescription is required from a physician, dentist or optometrist for all drugs eligible for coverage under the Drug Plan.

The Formulary

The Drug Plan and Extended Benefits Branch prepares, maintains, and distributes the Saskatchewan Formulary. The Formulary is a listing of therapeutically effective drugs of proven high quality that have been approved for coverage under the Drug Plan.

Drugs listed in the Formulary are periodically reviewed and additions and deletions are recommended when necessary. Revised editions of the Formulary are published yearly in July, followed up with updates approximately every quarter. The goal of the Formulary is to list a range and variety of drugs that will enable prescribers to select an effective course of therapy for most patients. The July 2001 Saskatchewan Formulary followed by two updates, lists 2,966 Formulary drug products and 527 published Exception Drug Status (EDS) products.

Exception Drug Status

Certain drugs are approved for coverage under Exception Drug Status, upon review and recommendation of the Saskatchewan Formulary Committee. The drugs usually fall into one of the following categories:

1. The drug is ordinarily administered only to hospital in-patients but is being administered outside of a hospital because of unusual circumstances.

2. The drug is not ordinarily prescribed or administered in Saskatchewan, but is being prescribed because it is required in the diagnosis or treatment of an illness, disability, or condition rarely found in Saskatchewan.

3. The drug is infrequently used because Formulary products are usually effective, but are contraindicated or found to be ineffective due to the clinical condition of the patient.

4. The drug has been deleted from the Formulary but is required by patients previously stabilized on the drug.

5. The drug has potential for use in other than approved indications.

6. The drug has potential for the development of widespread inappropriate use.

7. The drug is more expensive than listed alternatives and offers an advantage in only a limited number of indications.

Drugs approved for Exception Drug Status coverage are subject to the same deductible and co-payment as the patient's Formulary drugs, with the exception of certain high cost drugs which are provided at no charge to the patient.

Over-the-Counter Products

Over-the-counter (OTC) products are generally not included as benefits of the Drug Plan.

Saskatchewan Formulary Process

Product Selection

The Minister of Health relies on the recommendations of two supporting committees; the Drug Quality Assessment Committee, and the Saskatchewan Formulary Committee in order to decide which products will be included as benefits.

The Drug Plan and Extended Benefits Branch provides resources and staff support to the Committees in the review of products for listing in the Saskatchewan Formulary. This support includes forecasting drug costs and preparing use/cost analysis reports.

- **Drug Quality Assessment Committee**

  The Drug Quality Assessment Committee (DQAC) is appointed by the Minister of Health to:

  - evaluate manufacturer submissions for consideration for coverage of new drugs and report its findings to the Saskatchewan Formulary Committee.
  - review available manufacturing documentation including clinical documents, scientific studies reports and published literature.
  - evaluate comparative bioavailability studies and/or comparative clinical studies to determine compliance with accepted standards for interchangeability.

- **Saskatchewan Formulary Committee**

  The Saskatchewan Formulary Committee (SFC), appointed by the Minister of Health, has the following functions:

  - recommends to the Minister of Health additions and deletions to the Saskatchewan Formulary. The SFC considers economic information including utilization patterns as well as clinical assessment by the DQAC assessment.
  - provides advice in compiling and maintaining the Saskatchewan Formulary.
  - identifies those products which are "interchangeable". Interchangeable products are different brands of the same drug that are equivalent in therapeutic effectiveness and quality.
  - conducts reviews of new drug products and re-evaluation of listed products based on new information about use, efficacy and cost.

Product Interchangeability and Pricing

One function of the Saskatchewan Formulary Committee is to identify interchangeable drug groups. Interchangeable products are different brands of the same drug with the same strength and dosage form that are equivalent in therapeutic effectiveness and quality. The Formulary lists two types of interchangeable drug groups; Maximum Allowable Cost, and Standing Offer Contract.

- **Maximum Allowable Cost**

  In order to ensure price stability for the Formulary period, the Drug Plan and Extended Benefits Branch requires drug manufacturers to provide guaranteed maximum prices for the period. The prices constitute the Maximum Allowable Cost the Drug Plan will allow for those products during the effective Formulary period.

  Any drug in a Maximum Allowable Cost interchangeable group can be used to fill a prescription. The drug cost component in the approved prescription price is the actual acquisition cost of the drug up to the lowest price listed in the Formulary within that interchangeable group.

- **Standing Offer Contract (SOC)**

  The Drug Plan tenders the drugs in certain interchangeable groups to obtain the lowest possible price. An accepted tender, called SOC, requires the manufacturer to guarantee delivery of the specific drug to pharmacies through approved distributors at the contracted price. In return, the manufacturer's product will be used almost exclusively. This tender process saved an estimate $14.7M in 2001-02 for beneficiaries and government combined.

  Only the accepted tendered drug can be used to fill a prescription in an SOC interchangeable group. If a prescription is ordered as "no substitution" for any brand other than the SOC brand listed, the Drug Plan will cover the actual acquisition cost up to the listed SOC unit price. The difference in acquisition cost between the brand dispensed and the cost covered by the Drug Plan is the responsibility of the consumer.

"No Substitution" Prescription Drug Coverage

It is recognized that extremely rare cases may exist in which a person is not able to use a particular brand of product. In such cases, the physician may request exemption from full payment of incremental cost when a specific brand of drug in an interchangeable category is found to be essential for a particular patient. There is no provision for "blanket" exemptions. Each request must be patient and product specific.

Encouraging Appropriate Drug Use

The Drug Plan uses a number of activities to encourage appropriate use of drugs:

- Use of the claims processing system to perform various edit and assessment checks.

- Use of Exception Drug Status coverage where drugs are only intended for use in certain circumstances. e.g. products intended for second line use.

- Provides funding support for:
  a) The College of Medicine Drug Evaluation Support - Roving Professorship Program to assist in the drug review process, to provide expert opinions on an ad hoc basis, and to deliver drug information to promote the optimal use of pharmaceuticals in the province.

  b) The College of Pharmacy & Nutrition Drug Information Services provides a province-wide drug information service for health professionals and consumers.

  c) The Triplicate Prescription Program operated by the College of Physicians and Surgeons, a two part written prescription to monitor prescribing for a select panel of prescription drugs with intent to reduce abuse and diversion.

  d) The RxFiles Academic Detailing Program operated by the Saskatoon Health District as an educational program aimed at assisting physicians in selecting the most appropriate and cost-effective drug therapy for their patients.

- The trial prescription program, started as a joint project with the Saskatchewan Pharmaceutical Association, and now managed by the Drug Plan. The pharmacist is encouraged to dispense a seven to ten day supply for the initial prescription of certain drugs, monitor the effect on the patient and if the outcomes are positive, dispense the full prescription as directed by the physician. There is no additional cost to the resident for this service.

Pharmacy Claims Processing

An on-line computer network transmits prescription information from the pharmacy to the central computer where it is checked against stored data to determine whether it can be approved for payment. Checking includes: is the drug a benefit, does the beneficiary have health coverage and the type, is the quantity dispensed within appropriate levels, is the number of prescriptions for the beneficiary within limits, is the prescription a duplicate or possible duplicate of another dispensed prescription, is the prescriber authorized, are the unit costs within limits. The prescription claim is adjudicated and cost information is then transmitted back to the pharmacy, detailing the consumer share and Drug Plan share.

- **Pharmacy Reimbursements**

  At March 31, 2002, there were 370 pharmacies providing Drug Plan eligible services.

  According to the Agreement between Saskatchewan Health and pharmacy proprietors, the prescription cost is calculated by adding the acquisition cost of the drug material, the submitted mark-up and dispensing fee (up to a maximum).

  The maximum dispensing fee was $7.22 throughout 2001-02. The maximum mark-up allowance calculated on the prescription drug cost is: 30% for drug cost up to $6.30, 15% for drug cost between $6.31 and $15.80, 10% for drug cost of $15.81 to $200.00, and a maximum mark-up of $20.00 for drug cost over $200.00.

  For urine-testing agents the pharmacy receives acquisition cost along with the mark-up and a 50% mark-up in place of the dispensing fee. For insulin, the pharmacy receives acquisition cost plus a negotiated mark-up.

- **Prescription Quantities**

  The Drug Plan places no limitation on the quantities of drugs that may be prescribed. Prescribers shall exercise their professional judgment in determining the course and duration of treatment for their patients. However, in most cases, the Drug Plan will not pay benefits or credit deductibles for more than a 3-month supply of a drug at one time.

  The pharmacist may charge one dispensing fee for each prescription for most drugs listed in the Formulary. If a prescription is for a duration of one month or more, the pharmacist is entitled to charge a dispensing fee for each 34 day supply, however the Agreement does not prohibit the pharmacist from dispensing more than a 34 day supply for one fee. The Agreement also contains a list of Two-Month and 100-day supply drugs. Prescribing and dispensing should be in these quantities once the medical therapy of a patient is in the maintenance stage, unless there are unusual circumstances that require these quantities not be dispensed.

Formulary and EDS Drug Utilization

At June 30, 2001, a total of 930,716 individuals, representing approximately 521,175 family units were eligible to receive Drug Plan benefits.

A total of 629,090 individual beneficiaries representing 434,615 family units, purchased eligible prescriptions. This represents 67.6% of eligible individuals.

1. Overall 2001-2002 Utilization

Figure 1 compares active Drug Plan beneficiaries to the eligible population and shows the percentage of total prescriptions dispensed to each age group. This shows that the 65+ age group is 15.6% of the eligible population, represents 20.8% of Drug Plan active beneficiaries, and receive 46.7% of all prescriptions.

Figure 1
Prescriptions Dispensed by Age Groups, Eligible and Active Beneficiaries

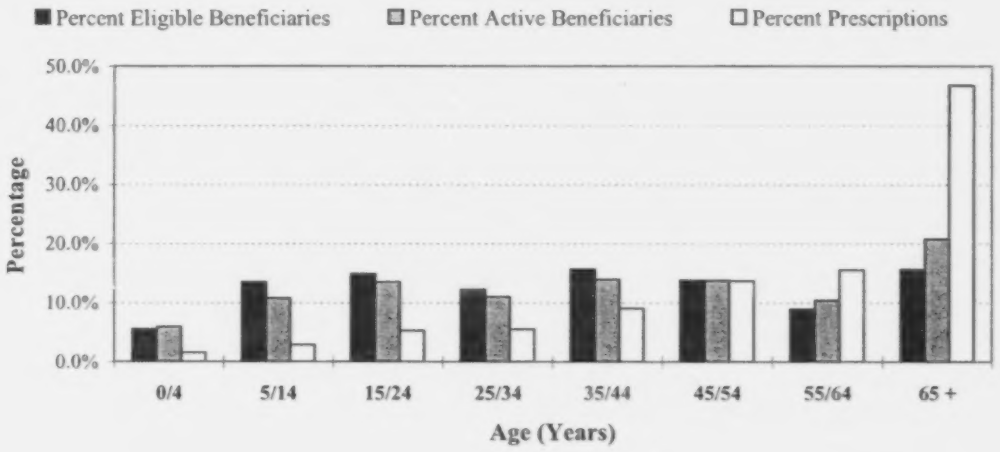


Table 2 presents prescription drug utilization by age and sex of the beneficiary. It also shows that drug utilization increases with age, with the larger increases beginning at age 45.

Table 2
Prescription Drug Utilization by Age and Sex of Active Beneficiary

Age of Consumer [5]	Active Beneficiaries	Number of Prescriptions [1]	Drug Material Cost [2]	Dispensing Fee [3]	Total Drug Plan Payment [4]
April 2001 - March 2002 (as submitted for all prescriptions to all beneficiaries)					
Male					
0 - 4	18,932	64,596	$ 631,285	$ 425,197	$ 495,002
5 - 14	34,524	126,079	2,808,082	808,757	1,825,326
15 - 24	34,524	141,398	4,109,326	883,561	2,299,845
25 - 34	26,808	141,494	4,296,623	905,949	2,695,900
35 - 44	37,728	287,801	9,706,292	1,867,254	5,845,525
45 - 54	39,335	460,397	14,937,789	2,934,360	7,100,345
55 - 64	30,074	528,900	16,030,644	3,286,950	7,536,257
65 - 74	28,304	669,413	18,609,067	4,142,765	9,642,576
75 - 84	18,494	526,740	13,194,405	3,384,479	7,274,580
85 and over	6,873	216,987	4,488,302	1,454,362	2,958,105
Male Total	275,596	3,163,805	$ 88,811,815	$ 20,093,634	$ 47,673,461
Female					
0 - 4	17,864	55,279	$ 481,448	$ 364,016	$ 390,985
5 - 14	33,215	103,082	2,227,492	667,198	1,581,765
15 - 24	50,481	276,250	6,636,589	1,741,945	2,730,132
25 - 34	42,424	295,514	8,344,005	1,854,624	3,988,927
35 - 44	49,866	434,368	13,490,232	2,750,468	7,093,852
45 - 54	47,146	630,494	17,639,988	3,964,455	8,458,508
55 - 64	35,533	705,388	17,893,005	4,380,707	8,917,512
65 - 74	32,538	830,395	21,357,536	5,222,809	11,821,354
75 - 84	29,311	936,311	22,483,722	6,140,532	14,047,944
85 and over	15,116	548,940	11,136,383	3,730,523	8,161,254
Female Total	353,494	4,816,021	$ 121,690,400	$ 30,817,277	$ 67,192,233
Both Sexes					
0 - 4	36,796	119,875	$ 1,112,733	$ 789,213	$ 885,987
5 - 14	67,739	229,161	5,035,574	1,475,955	3,407,091
15 - 24	85,005	417,648	10,745,915	2,625,506	5,029,977
25 - 34	69,232	437,008	12,640,628	2,760,573	6,684,827
35 - 44	87,594	722,169	23,196,524	4,617,722	12,939,377
45 - 54	86,481	1,090,891	32,577,777	6,898,815	15,558,853
55 - 64	65,607	1,234,288	33,923,649	7,667,657	16,453,769
65 - 74	60,842	1,499,808	39,966,603	9,365,574	21,463,930
75 - 84	47,805	1,463,051	35,678,127	9,525,011	21,322,524
85 and over	21,989	765,927	15,624,685	5,184,885	11,119,359
Grand Total	629,090	7,979,826	$ 210,502,215	$ 50,910,911	$114,865,694

1 Refers to Formulary and Exception Drug Status drugs.

2 Includes mark-up on drug acquisition cost.

3 The Dispensing fee charged by pharmacy for the prescriptions dispensed.

4 Drug Plan Payment is the total of the Drug Material Cost and Dispensing fee; less deductibles, the co-payment, and prescription charges paid by the consumer to the pharmacy.

5 Age of beneficiary as at March 31, 2002.

2. 2001-02 Utilization by Type of Beneficiary

Drug Plan benefits are directed at families with low incomes, families with high drug costs and those with a combination of the two. Table 3 summarizes the beneficiaries into five main groups:

1. beneficiaries approved for a Special Support co-payment;
2. beneficiaries exempt from paying a deductible, who are on Saskatchewan Assistance Plan (SAP), S.A.I.L. beneficiaries, palliative care, or receive certain drugs;
3. beneficiaries approved for Family Health Benefits;
4. beneficiaries approved for Income Supplement under Saskatchewan Income Plan (SIP), and Guaranteed Income Supplement (GIS);
5. beneficiaries under the $850 semi-annual deductible.

Table 3
Prescription Drug Utilization by Over/Under 65

April 2001 - March 2002

Type of Beneficiary	Active Beneficiaries	Number of Prescriptions [1]	Payment Patient Paid	Average Cost to Patient	Drug Plan Payment [2]	Average Cost to Drug Plan
Beneficiaries approved under Special Support Program						
Under 65	20,323	560,055	$ 7,635,294	$ 375.70	$ 21,307,057	$ 1,048.42
65 and over	37,495	1,686,046	19,005,049	506.87	36,689,671	978.52
Sub-Total	57,818	2,246,101	$ 26,640,343	$ 460.76	$ 57,996,728	$ 1,003.09
Beneficiaries exempt from paying a Deductible (e.g. SAP, SAIL, Palliative Care)						
Under 65	44,702	700,923	$ 612,981	$ 13.71	$ 30,571,383	$ 683.89
65 and over	4,754	177,313	28,076	5.91	6,752,766	1,420.44
Sub-Total	49,456	878,236	$ 641,057	$ 12.96	$ 37,324,149	$ 754.69
Beneficiaries receiving Family Health Benefits (excludes prescriptions under Special Support)						
Under 65	45,295	211,623	$ 2,056,092	$ 45.39	$ 3,342,404	$ 73.79
65 and over	55	775	13,320	242.19	12,621	229.48
Sub-Total	45,350	212,398	$ 2,069,412	$ 45.63	$ 3,355,025	$ 73.98
Beneficiaries receiving Income Supplements (SIP & GIS not covered under Special Support)						
Under 65	2,541	40,047	$ 690,469	$ 271.73	$ 370,526	$ 145.82
65 and over	26,925	580,935	9,016,575	334.88	6,278,865	233.20
Sub-Total	29,466	620,982	$ 9,707,044	$ 329.43	$ 6,649,391	$ 225.66
Beneficiaries under Regular Deductible Program (not eligible for any other Drug Plan coverage)						
Under 65	385,593	2,738,392	$ 74,113,523	$ 192.21	$ 5,368,511	$ 13.92
65 and over	61,407	1,283,717	33,376,053	543.52	$ 4,171,890	67.94
Sub-Total	447,000	4,022,109	$ 107,489,576	$ 240.47	$ 9,540,401	$ 21.34
Grand Total	629,090	7,979,826	$ 146,547,433		$ 114,865,694	

1 Refers to Formulary and Exception Drug Status drugs.

2 Drug Plan Payment is the total of the Drug Material Cost and Dispensing fee; less deductibles, the co-payment, and prescription charges paid by the consumer to the pharmacy.

3. 2001-2002 Utilization by Families

Tables 4, 5, and 6 show the breakdown of prescription utilization, family cost, and government cost for all families using one or more prescriptions in the fiscal year by three categories of families:

1. Families that applied for Special Support and were granted a reduced co-payment because their annual drug costs exceeded 3.4% of their annual family income;

2. Families exempt from the deductible program. (e.g. Saskatchewan Assistance Plan families, S.A.I.L. beneficiaries, Palliative Care, children of families approved for Family Health Benefits);

3. Families that reached a deductible before a reduced co-payment was granted.

In 'Families Approved under the Special Support Program' (Table 4), 42,508 families who had high drug costs in relation to their income received $58.0 million in benefits, which equals an average payment of $1,364.37 per family which is an increase of 12.6% over the previous year.

In 'Families Exempt from the Deductible Program' (Table 5), the average payment on behalf of each active family was $702.26 which is an increase of 13.4% over the previous year.

In 'Families Under the Deductible Program' (Table 6), the average payment on behalf of each active family was $51.01. Families included in this table are:

- Those that have a $100 semi-annual deductible because they are adults of families approved for Family Health Benefits (FHB), single seniors and senior families receiving the Saskatchewan Income Supplement (SIP), or are receiving the federal Guaranteed Income Supplement (GIS) and residing in a nursing home.

- Those that have a $200 semi-annual deductible because they receive GIS.

- Those that are not eligible for any other Drug Plan coverage and must reach a $850 semi-annual deductible.

Table 4
Prescription Cost to Families Approved Under Special Support Program

April 2001 - March 2002

Cost to Family Unit	Number of Family Units	Number of Prescriptions[1]	Drug Material Cost[2]	Approved Prescription Cost	Net Family Payments[3]	Total Drug Plan Payment
$ 00.01 - 25.00	1,121	9,808	$ 258,491	$ 323,144	$ 9,008	$ 314,136
25.01 - 50.00	691	9,098	281,694	340,372	25,692	314,680
50.01 - 75.00	655	10,438	303,275	369,736	41,002	328,734
75.01 - 100.00	591	10,102	313,812	379,499	51,716	327,783
100.01 - 125.00	611	12,638	422,443	503,938	68,433	435,505
125.01 - 150.00	627	12,921	399,384	483,509	86,018	397,491
150.01 - 175.00	666	15,875	500,118	601,616	108,056	493,560
175.01 - 200.00	719	18,883	603,898	723,826	134,672	589,154
200.01 - 250.00	1,606	47,300	1,405,707	1,711,860	362,777	1,349,083
250.01 - 300.00	1,988	71,282	1,835,070	2,300,047	548,307	1,751,740
300.01 - 350.00	2,329	92,060	2,318,939	2,921,716	757,860	2,163,856
350.01 - 400.00	2,785	124,982	3,196,660	4,021,558	1,045,934	2,975,624
400.01 - 450.00	2,905	138,807	3,625,422	4,533,412	1,233,772	3,299,640
450.01 - 500.00	2,735	141,893	3,768,688	4,700,263	1,297,190	3,403,073
500.01 - 600.00	4,454	247,215	6,862,922	8,489,359	2,442,851	6,046,508
600.01 - 725.00	4,469	264,688	7,670,670	9,380,375	2,947,220	6,433,155
725.01 - 850.00	3,411	228,042	6,840,463	8,320,583	2,673,342	5,647,241
850.01 - 1000.00	2,939	208,849	6,671,350	7,999,654	2,708,117	5,291,537
1000.01 - 1250.00	3,295	244,743	8,104,341	9,660,613	3,662,768	5,997,845
1250.01 - and over	3,911	336,477	14,770,015	16,871,991	6,435,608	10,436,383
All	42,508	2,246,101	$ 70,153,362	$ 84,637,071	$ 26,640,343	$ 57,996,728

1 Refers to Formulary and Exception Drug Status drugs.

2 Includes mark-up on drug acquisition cost.

3 Net Family Payments is the total cost paid by families granted a reduced co-payment.

Table 5
Prescription Cost to Families Exempt from paying a Deductible

April 2001 - March 2002

Cost to Family Unit	Number of Family Units	Number of Prescriptions[1]	Drug Material Cost[2]	Approved Prescription Cost	Net Family Payments[3]	Total Drug Plan Payment
$ NIL	34,679	544,416	$ 21,751,404	$ 25,401,143	$ -	$ 25,401,143
00.01 - 25.00	14,679	117,337	2,536,452	3,318,622	124,953	3,193,669
25.01 - 50.00	3,271	79,125	2,317,125	2,860,506	118,297	2,742,209
50.01 - 75.00	1,556	59,467	1,838,743	2,253,307	96,081	2,157,226
75.01 - 100.00	995	51,903	1,561,948	1,928,493	86,580	1,841,913
100.01 - 125.00	546	36,128	1,109,076	1,372,373	61,345	1,311,028
125.01 - 150.00	367	29,323	847,821	1,058,124	50,332	1,007,792
150.01 - 175.00	179	16,816	490,308	605,523	29,129	576,394
175.01 - 200.00	128	13,925	390,869	489,057	23,901	465,156
200.01 - 250.00	110	13,644	407,077	499,955	24,681	475,274
250.01 - 300.00	48	7,267	276,027	329,044	13,070	315,974
300.01 - 350.00	25	4,330	127,595	158,747	8,032	150,715
350.01 and over	26	3,180	98,366	120,766	4,744	116,022
All	56,609	976,861	$ 33,752,811	$ 40,395,660	$ 641,145	$ 39,754,515

1 Refers to Formulary and Exception Drug Status drugs.

2 Includes mark-up on drug acquisition cost.

3 Refers to the maximum $2 per prescription charge paid by the family.

Table 6
Prescription Cost to Families Under a Deductible Program [4]

April 2001 - March 2002

Cost to Family Unit	Number of Family Units	Number of Prescriptions [1]	Drug Material Cost [2]	Approved Prescription Cost	Net Family Payments [3]	Total Drug Plan Payment
$ 00.01 - 25.00	52,234	63,335	$ 325,493	$ 732,724	$ 721,980	$ 10,744
25.01 - 50.00	37,988	95,871	783,666	1,400,009	1,383,103	16,906
50.01 - 75.00	25,047	98,347	951,301	1,575,730	1,554,373	21,357
75.01 - 100.00	18,979	100,079	1,047,024	1,680,035	1,657,952	22,083
100.01 - 125.00	15,445	99,651	1,133,749	1,760,949	1,731,999	28,950
125.01 - 150.00	13,560	99,955	1,273,885	1,901,101	1,861,221	39,880
150.01 - 175.00	12,202	104,013	1,386,271	2,035,934	1,981,803	54,131
175.01 - 200.00	11,688	108,999	1,581,227	2,264,334	2,192,865	71,469
200.01 - 250.00	19,448	210,903	3,190,171	4,517,745	4,355,345	162,400
250.01 - 300.00	14,085	186,343	2,907,962	4,083,386	3,859,002	224,384
300.01 - 350.00	10,898	167,604	2,771,155	3,825,487	3,534,024	291,463
350.01 - 400.00	9,588	164,315	2,910,285	3,941,611	3,590,591	351,020
400.01 - 450.00	8,518	160,580	3,000,713	4,007,053	3,615,800	391,253
450.01 - 500.00	7,698	158,250	3,100,997	4,094,266	3,654,202	440,064
500.01 - 600.00	13,051	298,843	6,207,813	8,081,055	7,157,669	923,386
600.01 - 725.00	12,868	342,035	7,584,604	9,733,625	8,488,608	1,245,017
725.01 - 850.00	9,787	291,165	6,936,914	8,764,358	7,673,729	1,090,629
850.01 - 1000.00	9,199	301,925	7,601,277	9,492,679	8,471,119	1,021,560
1000.01 - 1250.00	10,572	399,948	10,528,266	13,024,599	11,808,028	1,216,571
1250.01 - and over	22,643	1,304,703	41,373,269	49,463,715	39,972,531	9,491,184
All	335,498	4,756,864	$ 106,596,042	$ 136,380,395	$ 119,265,944	$ 17,114,451

1 Refers to Formulary and Exception Drug Status drugs.

2 Includes mark-up on drug acquisition cost.

3 Net Family Payments is the net cost to a family for the total of the deductible and the family co-payment once the deductible has been met.

4 Includes beneficiaries receiving Income Supplements and beneficiaries under the Regular Deductible program, who are not approved under the Special Support Program

4. 2001-02 Utilization by Pharmacologic - Therapeutic Classification

Table 7 shows prescription volume and Drug Plan expenditures by Pharmacologic - Therapeutic Classification. Four categories; Central Nervous System (CNS) Drugs, Anti-Infectives, Cardiovascular Drugs, and Hormones and Substitutes, accounted for 69.3% of all prescriptions and 60.5% of all Drug Plan payment.

Table 7
Prescriptions by Pharmacologic - Therapeutic Classification

Pharmacologic - Therapeutic Classification [1]	Number of Prescriptions [2]	Drug Material Cost [3]	Total Drug Plan Payment
April 2001 - March 2002			
As submitted for all beneficiaries			
8:00 Anti-Infectives	675,175	$ 9,029,585	$ 5,022,278
10:00 Antineoplastic agents	879	81,343	57,552
12:00 Autonomic Drugs	267,901	5,940,692	3,949,411
20:00 Blood Formation and Coagulation	151,349	5,032,261	3,550,668
24:00 Cardiovascular Drugs	2,058,163	64,391,814	27,267,697
28:00 Central Nervous System Drugs	1,630,600	45,294,775	27,911,213
36:00 Diagnostic Agents	97,923	6,559,681	3,398,319
40:00 Electrolytic, Caloric, and Water Balance	538,105	1,497,770	2,146,040
48:00 Cough Preparations	873	249,170	252,837
52:00 Eye, Ear, Nose and Throat Preparations	272,028	5,808,997	2,163,624
56:00 Gastrointestinal Drugs	409,692	13,468,330	7,891,727
60:00 Gold Compounds	401	23,450	11,434
64:00 Metal Antagonists	405	40,441	28,934
68:00 Hormones and Substitutes	1,164,994	22,312,535	9,274,287
84:00 Skin and Mucous Membrane Preparations	271,544	5,808,349	2,297,586
86:00 Spasmolytics	43,961	731,454	551,328
88:00 Vitamins	61,953	174,696	268,027
92:00 Unclassified and others	333,880	24,056,872	18,822,732
Total	7,979,826	$ 210,502,215	$ 114,865,694

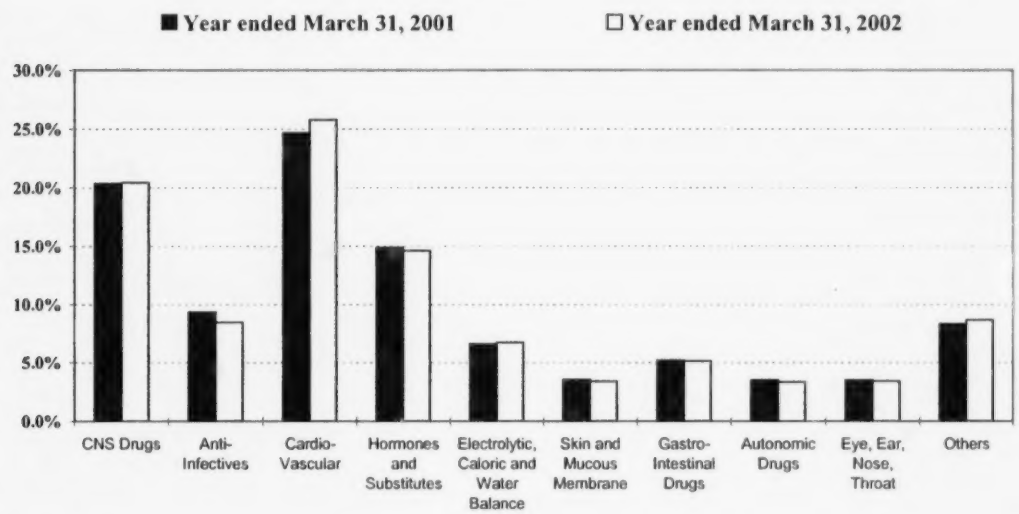
1 The drug classification system used is that of the American Society of Hospital Pharmacists.

2 Refers to Formulary and Exception Drug Status drugs.

3 Includes Mark-up on drug acquisition cost.

Figure 2 shows the Table 7 prescription volume by Pharmacologic – Therapeutic Classification.

Figure 2
Prescription Volume by Pharmacologic - Therapeutic Classification



Pharmacies

A total of 370 pharmacies held agreements with Drug Plan & Extended Benefits Branch on March 31, 2002. Of these, 65.7% were independent pharmacies, 26.2% were chain outlets, and 5.4% were co-operative.

Table 8
Pharmacies by Location

April 2001 - March 2002

Location of Pharmacy	Number of Pharmacies[1]
Single Pharmacy Communities	96
2 - 5 Pharmacy Communities	57
Communities with More Than 5 Pharmacies	
Estevan	6
Moose Jaw	12
Nipawin	6
North Battleford	7
Prince Albert	15
Regina	54
Saskatoon	68
Swift Current	7
Weyburn	6
Yorkton	8
Dispensing Doctors	7
Border Pharmacies	18
	3
Total	370

1 Includes all pharmacies operating under agreement with the Prescription Drug Plan on March 31, 2002.

Table 9
Pharmacies by Type of Ownership

Type of Ownership	Number of Pharmacies[1]	Percent
Independent	243	65.7%
Chain	97	26.2%
Co-operatives	20	5.4%
Dispensing Doctor	7	1.9%
Hospital Outpatient	3	0.8%
Total	370	100.0%

1 Includes all pharmacies operating under agreement with the Prescription Drug Plan on March 31, 2002.

Manufacturers

Drug Acquisition Cost by manufacturer is presented in Table 10.

Table 10
Drug Acquisition Cost by Manufacturer

April 2001 - March 2002

Manufacturer	Drug Material Acquistion Cost
3M Pharmaceuticals, 3M Canada	67,627
Abbott Laboratories Ltd.	2,966,305
Agouron Pharmaceuticals Canada Inc.	157,629
Alcon Canada Inc.	319,509
Allergan Inc.	599,387
Altimed Pharmaceutical Company	2,775,889
Alza Canada	253,090
Amgen Canada Inc.	32,913
Apotex Inc.	8,531,807
Astrazeneca	9,773,868
Aventis Pharma Inc.	5,333,547
Axcan Pharma	387,448
Bayer Inc. - Consumer Care Division	26,777
Bayer Inc. - Healthcare Division	4,774,278
Berlex Canada Inc.	2,375,229
Bioenhance Medicines Inc.	878,861
Biogen Canada Inc.	79,338
Biovail Pharmaceuticals	465,092
Boehringer Ingelheim (Canada) Ltd.	3,021,727
Bristol Pharmaceutical Products	219,342
Bristol-Myers Squibb Canada Inc.	3,136,618
Canderm Pharmacal Ltd.	10,862
Carter-Horner Inc.	14,596
Celgene Corporation	6,192
Chiron Canada Ltd.	187,556
Cutter Medical Division Miles Labs	42,574
Cytex Pharmaceuticals Inc.	7,044
Dermik Laboratories Canada Inc.	44,766
Dominion Pharmacal	2,367,956
Draxis Health Inc.	216,483
Duchesnay Inc.	215,115
DuPont Pharma Inc.	1,098,588
Eli Lilly Canada Inc.	4,252,183
Enzon Inc.	164,983

Manufacturer	Drug Material Acquistion Cost
Faulding (Canada) Inc.	398,424
Ferring Inc.	474,306
Fournier Pharma Inc.	6,339
Fujisawa Canada Inc.	539,626
Galderma Canada Inc.	215,840
Genpharm Inc.	957,666
Genzyme Canada Inc.	7,278
Glades Division of Stiefel Canada	6,478
Glaxo Wellcome Inc.	2,216,043
Glaxosmithkline	11,345,144
Glaxosmithkline Consumer Health	41,922
Glenwood Laboratories Canada Ltd.	6,370
Hill Dermaceuticals, Inc.	6,733
Hoffman-LaRoche Ltd.	3,696,050
ICN Canada Ltd.	356,238
Janssen-Ortho Inc.	8,867,994
Key, Division of Schering Canada Inc.	1,117,623
Knoll Pharma Inc.	309,111
Leo Pharma Inc.	591,159
Lifescan Canada Ltd.	3,027,636
Linson Pharma Inc.	717,763
Lioh Inc.	27,088
Lundbeck Canada Inc.	1,463,429
McNeil Consumer Products	81,758
Medican Pharma Inc.	198,843
Medicis Canada Ltd.	42,229
Medisense, Canada Inc.	971,737
Merck Frosst Canada & Co.	17,243,197
Novartis Consumer Health Canada Inc.	6,334
Novartis Ophthalmics	51,323
Novartis Pharmaceuticals Canada Inc.	7,278,351
Novo Nordisk Canada Inc.	1,187,635
Novopharm Ltd.	3,129,611
Nu-Pharm Inc.	7,799,399
Odan Laboratories Limited	28,087
Optimapharma Division of Taro	25,920
Organon Canada Ltd.	857,534
Orphan Medical Inc.	25,034
Parke-Davis Canada Inc.	2,759,770
Pentapharm Limited	268,520
Pfizer Canada Inc.	14,564,839
Pfizer Canada-Consumer Health Care	51,406
Pharmacia Canada Inc.	7,071,508

Manufacturer	Drug Material Acquistion Cost
Pharmascience Inc.	2,951,604
Princeton Pharmaceutical Products	12,381
Procter and Gamble Pharm. Canada, Inc.	2,586,882
Purdue Pharma	2,009,426
Reed & Carnrick, Division of Block Drug Company (Canada) Ltd.	38,585
Rhodiapharm	42,519
Rhoxalpharma Inc.	172,342
Roche Diagnostics, Division of Hoffmann-LaRoche Limited	1,099,902
Rougier Pharma Inc., Division of Technilab	16,907
Sabex Inc.	134,701
Sanofi-Synthelabo Canada, Inc.	2,186,493
Schein Pharmaceutical Canada Inc.	31,464
Schering Canada Inc.	4,213,734
Schircks Laboratories, Switzerland	10,607
Searle Canada, Unit of Monsanto Canada Inc.	1,742,411
Serono Canada Inc.	1,340,964
Servier Canada Inc.	517,240
Shire Canada Inc	264,461
Smithkline Beecham Pharma Inc.	1,423,780
Solvay Pharma Inc.	1,800,733
Squibb Pharmaceutical Products	87,550
Stanley Pharmaceuticals Ltd.	8,057
Stiefel Canada Inc.	140,250
Taro Pharmaceuticals Inc.	778,773
Technilab Inc.	237,606
Teva Neuroscience	2,639,344
Theramed Corporation	85,357
Ucyclid Pharma	183,866
Virco Pharmaceuticals (Canada) Co.	696,781
Vita Health Products	5,857
Wellspring Pharmaceutical Canada	6,949
Westwood Squibb Canada	114,426
Wyeth-Ayerst Inc.	7,624,481
Extemporaneous Preparations [1]	997,960
Others (each under $5000)	50,082
Total	$ 191,098,949

[1] Extemporaneous Preparations are compounded by the pharmacist.

2001-2002 Utilization Trends

1. Cost to Beneficiaries

Trends from Table 11 information for the past four years shows that the number of active beneficiaries are declining while the number of prescriptions and total prescription cost is increasing.

	Active Beneficiaries	Number of Prescriptions	Total Cost of Prescriptions	Total Drug Plan Payment
1995-96	633,333	5,798,090	$157,194,207	$ 59,492,033
1996-97	626,953	5,996,106	$162,165,923	$ 61,863,705
1997-98	620,258	6,261,167	$171,208,698	$ 65,199,190
1998-99	633,020	6,622,455	$189,003,078	$ 75,892,289
1999-00	633,259	7,014,580	$204,982,067	$ 85,368,696
2000-01	633,698	7,534,187	$232,474,567	$ 98,907,678
2001-02	629,090	7,979,826	$261,413,126	$114,865,694

Table 11 was prepared to highlight three factors that might contribute to the increased growth: number of prescriptions per beneficiary; average prescription cost; and cost of prescriptions per beneficiary.

In Table 11, the total cost of prescriptions per active beneficiary has grown an average of 28.4% between 1999-00 and 2001-02 for all beneficiaries. The range of increases, based on age, was 19.0% to 27.9%. Only the 0-4 age group showed a minimal increase in the total cost of prescriptions per active beneficiary. That increase was 1.0%.

The cost of prescriptions per beneficiary increased for all age groups from both an increased average prescription cost and increased number of prescriptions per beneficiary.

Table 11

Prescription Drug Utilization Trend by Age of Active Beneficiary
Information Source: Table 2

Age of Consumer	1999-00	2000-01	2001-02	% increase (decrease) 99-00 to 01-02
April 1 - March 31				
Average Number of Prescriptions Per Active Beneficiary				
0 - 4	3.2	3.3	3.3	1.8%
5 - 14	3.3	3.3	3.4	2.5%
15 - 24	4.6	4.7	4.9	6.8%
25 - 34	5.8	6.1	6.3	8.8%
35 - 44	7.3	7.7	8.2	12.9%
45 - 54	11.3	12.0	12.6	11.6%
55 - 64	16.5	17.8	18.8	14.0%
65 - 74	21.8	23.2	24.7	13.1%
75 - 84	26.9	29.0	30.6	13.8%
85 and over	31.1	33.4	34.8	12.0%
Total	11.1	11.9	12.7	14.3%
Average Prescription Cost [1]				
0 - 4	$ 15.85	$ 15.22	$ 15.87	0.1%
5 - 14	23.83	26.13	28.41	19.2%
15 - 24	28.56	30.02	32.02	12.1%
25 - 34	31.56	32.90	35.24	11.7%
35 - 44	34.08	35.93	38.51	13.0%
45 - 54	31.78	33.59	36.19	13.9%
55 - 64	30.27	31.79	33.70	11.3%
65 - 74	30.02	31.40	32.89	9.6%
75 - 84	27.64	29.51	30.90	11.8%
85 and over	23.93	25.70	27.17	13.5%
Total	$ 29.22	$ 30.86	$ 32.76	12.1%
Total Cost of Prescriptions Per Active Beneficiary				
0 - 4	$ 51.20	$ 50.07	$ 51.69	1.0%
5 - 14	78.05	87.40	96.13	23.2%
15 - 24	132.16	142.13	157.30	19.0%
25 - 34	181.54	199.17	222.46	22.5%
35 - 44	248.36	277.84	317.54	27.9%
45 - 54	359.08	404.60	456.48	27.1%
55 - 64	500.55	564.57	633.95	26.6%
65 - 74	653.96	729.75	810.82	24.0%
75 - 84	743.51	855.87	945.57	27.2%
85 and over	745.53	858.01	946.36	26.9%
Total	$ 323.70	$ 366.85	$ 415.54	28.4%

1 Includes Drug Acquisition Cost, mark-up and dispensing fees paid to pharmacies.

2. Costs by Therapeutic Classification

Table 12 shows the eight highest cost therapeutic classes of drugs covered by the Drug Plan.

During the three-year period of 1999-00 to 2001-02, the total cost of all prescriptions increased for all classes in the range of 4.2% to 42.0% for the following reasons:

- Central Nervous System (CNS) drugs increased the most due to a combination of a 19.7% increase in average prescription cost and a 18.7% increase in the number of prescriptions.

- The next greatest increase was for Diagnostic drugs, due to a combination of a 8.1% increase in average prescription cost and a 23.9% increase in the number of prescriptions.

- Cardiovascular, Skin & Mucous Membrane Preparations, and Electrolytic, Caloric and Water Balance drugs increased mostly due to prescription volume growth ranging 6.7% to 23.0%.

- Two classes had a decrease in either the average prescription cost or the number of prescriptions, Anti-infective drugs had a 6.4% decrease in prescriptions. Gastriointestinal drugs had a 0.5% decrease in average prescription cost.

- The Eye, Ears, Nose and Throat class and the Autonomic drugs class increased mostly due to average prescription cost ranging from 8.1% to 19.4%.

- The Hormones and Substitutes class increased 16.7% as a result of equal increases in the number of prescriptions and average prescription cost.

Table 12
Prescription Trend by Pharmacologic - Therapeutic Classification

Pharmacologic - Therapeutic Class	1999-00	2000-01	2001-02	% increase (decrease) 99-00 to 01-02
April 1 - March 31				
Total Cost of all Prescriptions				
Cardiovascular Drugs	$ 59,706,591	$ 68,421,997	77,631,789	30.0%
Central Nervous System Drugs	39,364,125	49,590,879	55,908,693	42.0%
Hormones and Substitutes	24,652,519	26,314,355	28,763,534	16.7%
Gastrointestinal Drugs	15,057,204	14,501,953	16,137,901	7.2%
Anti-Infectives	12,920,550	13,154,165	13,466,825	4.2%
Skin & Mucous Membrane Preparations	6,927,722	7,371,909	7,565,846	9.2%
Eye, Ear, Nose and Throat Preparations	6,830,864	7,081,918	7,573,714	10.9%
Autonomic Drugs	6,348,743	6,899,415	7,698,760	21.3%
Diagnostic Agents	5,343,959	6,334,657	7,152,006	33.8%
Electrolytic, Caloric, and Water Balance	4,174,418	4,609,984	5,027,243	20.4%
Others	23,655,372	28,193,335	34,486,809	45.8%
Total	$ 204,982,067	$ 232,474,567	$ 261,413,119	27.5%
Number of Prescriptions				
Cardiovascular Drugs	1,673,100	1,859,084	2,058,163	23.0%
Central Nervous System Drugs	1,374,010	1,534,485	1,630,600	18.7%
Hormones and Substitutes	1,075,597	1,120,153	1,164,994	8.3%
Gastrointestinal Drugs	380,223	392,269	409,692	7.8%
Anti-Infectives	721,081	704,289	675,175	(6.4%)
Skin & Mucous Membrane Preparations	254,424	268,093	271,544	6.7%
Eye, Ear, Nose and Throat Preparations	265,313	264,319	272,028	2.5%
Autonomic Drugs	263,728	266,763	267,901	1.6%
Diagnostic Agents	79,061	89,994	97,923	23.9%
Electrolytic, Caloric, and Water Balance	447,257	497,623	538,105	20.3%
Others	480,786	537,115	593,701	23.5%
Total	7,014,580	7,534,187	7,979,826	13.8%
Average Prescription Cost				
Cardiovascular Drugs	$ 35.69	$ 36.80	$ 37.72	5.7%
Central Nervous System Drugs	28.65	32.32	34.29	19.7%
Hormones and Substitutes	22.92	23.49	24.69	7.7%
Gastrointestinal Drugs	39.60	36.97	39.39	(0.5%)
Anti-Infectives	17.92	18.68	19.95	11.3%
Skin & Mucous Membrane Preparations	27.23	27.50	27.86	2.3%
Eye, Ear, Nose and Throat Preparations	25.75	26.79	27.84	8.1%
Autonomic Drugs	24.07	25.86	28.74	19.4%
Diagnostic Agents	67.59	70.39	73.04	8.1%
Electrolytic, Caloric, and Water Balance	9.33	9.26	9.34	0.1%
Others	49.20	52.49	58.09	18.1%
Total	$ 29.22	$ 30.86	$ 32.76	12.1%

Table 13
Prescription Drug Plan Payments Summary
April 2001 - March 2002

Statistical Tables

Payments on behalf of families (exempt from deductible program)		
Drug Material Acquisition Cost	$ 30,920,526	
Mark-up	2,832,285	
Dispensing Fee Subsidy	6,001,704	
Pharmacy Discounts and others	(0)	
Total Payments for families exempt from deductible		$ 39,754,515
Payments to or on behalf of families (deductible and Special Support program)		
Drug Material Acquisition Cost	$160,178,423	
Mark-up	16,570,981	
Dispensing Fees	44,268,062	
Pharmacy Discounts and others	(6)	
Total Approved Prescription Cost	$221,017,460	
Less: Deductible Credits	99,961,529	
	$121,055,931	
Less: Family Co-Payment	45,944,752	
Total Payments for families subject to deductible		$ 75,111,179
Total Prescription Drug Plan Payments [1]		$ 114,865,694
Manual Adjustments [2]		148,750
Third Party payments		1,780,200
Net Payments by Revenue and Expenditure System		$ 116,794,644

1 Drug Plan payments refer to formulary drugs and exception status drugs. All Statistical Tables do not reflect manual adjustment expenditures.

2 Manual adjustments include year-end adjustments made in accordance with accounting policies and other adjustments.

Supplementary Health and Family Health Benefits

BACKGROUND

- On April 1, 1966 the Saskatchewan Assistance Plan was instituted. Several categories of beneficiaries under the Medical Services Division were combined into one program with the basis of need becoming the criteria to determine eligibility.

- On September 1, 1968, coverage for refractions was moved to the Saskatchewan Medical Care Insurance.

- On September 1, 1975, payment responsibility of formulary drugs and of prosthetic and orthotic appliances for Social Assistance beneficiaries was taken over by the Saskatchewan Prescription Drug Plan and by the Saskatchewan Aids to Independent Living respectively.

- On July 1, 1981, program eligibility was expanded to include benefits for non-recipients of Social Assistance receiving level 2,3,and 4 Special Care Home or long term hospital care and where incomes are at or below the Saskatchewan Income Plan level.

- On May 1, 1984, responsibility for emergency medical transportation costs by road ambulance and Saskatchewan Government air ambulance for Supplementary Health beneficiaries was transferred from the Department of Social Services.

- On June 1, 1992, eye examinations were added to coverage for Supplementary Health beneficiaries over the age of 17, and for adults receiving the Family Income Plan and the Saskatchewan Income Plan supplements.

- On September 8, 1992, services of chiropractors became fully covered for Supplementary Health, Family Income Plan, and Saskatchewan Income Plan beneficiaries.

- On June 30, 1993, Supplementary Health began providing dental coverage for children in families that received the Family Income Plan supplement.

- On May 1, 1997, began providing all Supplementary Health Benefits for children in FIP families.

- On August 1, 1998, began providing Family Health Benefits for families who received the Saskatchewan Child Benefit, and/or the Saskatchewan Employment Supplement. Family Income Plan recipients became part of Family Health Benefits.

OBJECTIVES

To provide for payment of accounts for non-insured health services to people nominated for coverage by Saskatchewan Social Services.

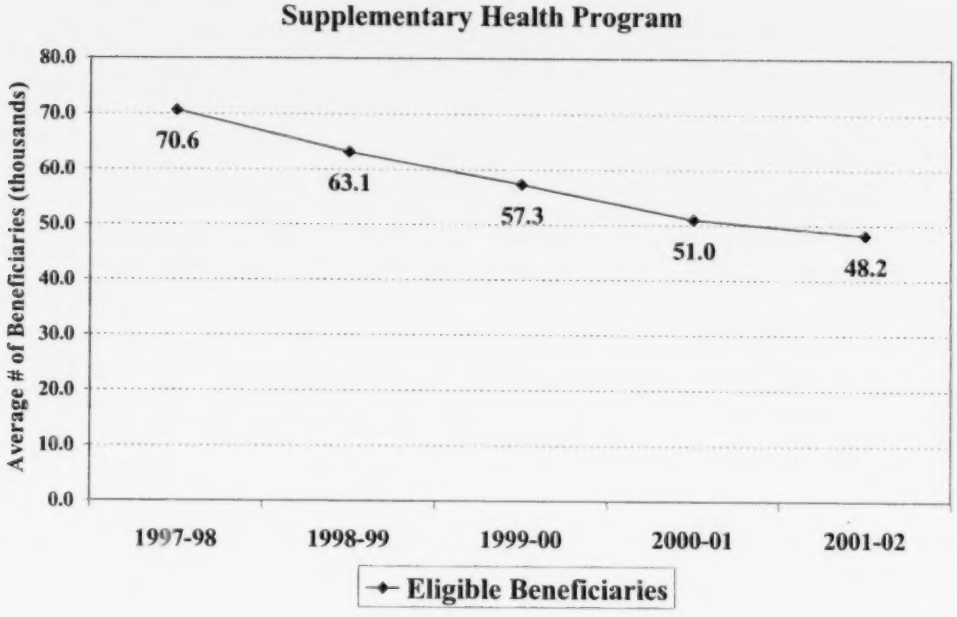
ELIGIBLE BENEFICIARIES

The Supplementary Health program provides benefits for the following types of beneficiaries:

- Supplementary Health beneficiaries:
  - Saskatchewan Assistance Plan recipients nominated by Saskatchewan Social Services.
  - Government Wards
  - Inmates of correctional institutions.
  - Nominated persons 65 years and older who are in special care homes or hospitals and whose income is at or below the Saskatchewan Income Plan level.
- Saskatchewan Income Plan recipients living in the community.

The Family Health Benefits program provides benefits for:

- Families receiving benefits under the Family Income Plan between April and July 1998.
- Children covered by the Child Benefit Program up to July 31, 1998.
- Families approved under the Family Health Benefits program beginning August 1, 1998.



The above chart shows 48,154 persons receiving full Supplementary Health benefits. Families receiving Family Health Benefits or SIP income supplements receive only partial Supplementary Health benefits and are not included in the numbers above.

During 2001-02,the average number of families eligible for Family Health Benefits was 23,259. This includes 29,104 adults and 37,857 children.

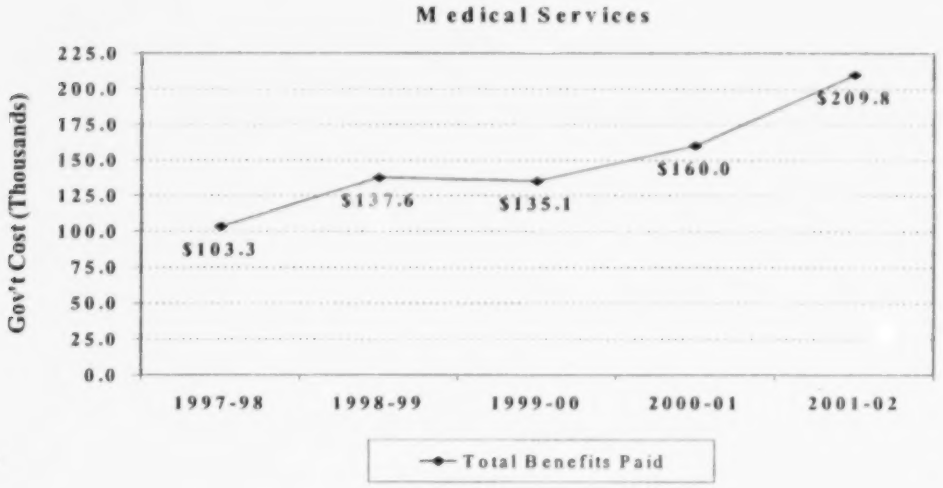
Table 14
Supplementary Health Program and Family Health Benefits Payments

April 2001 - March 2002

Services	Sask. Assistance Plan	Government Wards	Provincial Correctional Institutions	Sask. Income Plan Recipients in Special Care Homes	Family Health Benefits	Other Beneficiary Categories	Totals
Medical Examinations and Reports	$ 201,781	$ 5,176	$ 305	$ 17	$ 2,035	$ 472	$ 209,786
Dental Services	$ 3,947,428	$248,836	$186,086	$ 25,437	$2,505,784	$ 125,408	7,038,979
Non-Formulary Drugs (Plan 3)	$ 1,021,599	$111,172	$ 84,922	$671,214	$ 295	$ 1,385	1,890,587
Medical Appliances and Supplies	$ 739,119	$ 27,304	$ 4,288	$ 76,715	$ 122,596	$ 7,407	977,429
Optical Services	$ 1,191,762	$ 61,602	$ 62,815	$ 12,497	$ 618,278	$ 171,736	2,118,690
Chiropractic Services	$ 685,353	$ 6,381	$ 15,415	$ 2,723	$ 975,491	$ 166,271	1,851,634
Ambulance	$ 1,425,517	$ 18,419	$ 14,278	$ 75,490	$ 107,102	$ 9,076	1,649,882
Medical Transportation (Aircraft)	$ 501,946	$ 4,186	$ -	$ -	$ 13,632	$ 2,378	522,142
Medical Transportation (Ground)	$ 1,429,405	$ 33,596	$ 772	$ -	$ 23,410	$ 30,688	1,517,871
Totals: Supplementary Health and Family Health Benefits	$11,143,910	$516,672	$368,881	$864,093	$4,368,623	$ 514,821	$17,777,000

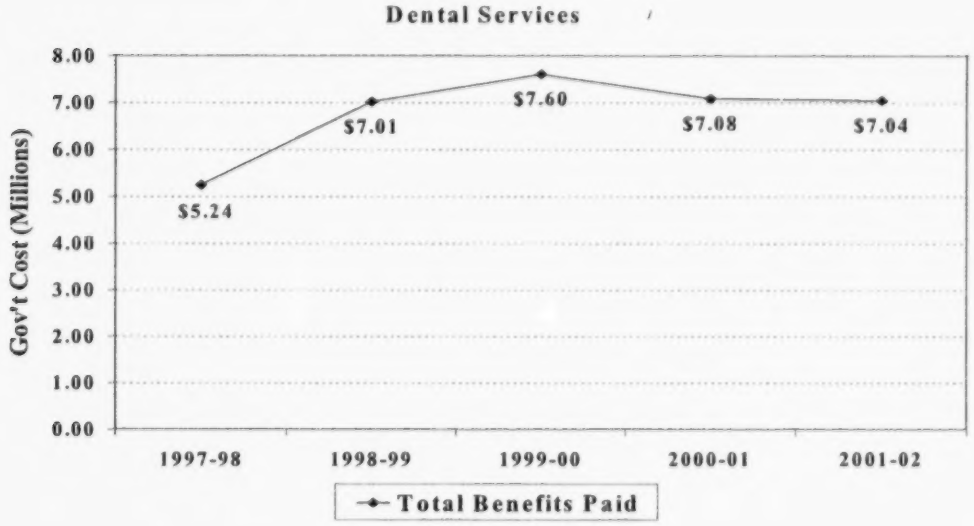
1. Medical Services

Supplementary Health and Family Health Benefits pays the full cost for non-insured third party medical examinations and reports requested by Saskatchewan Social Services. These examinations are to determine the level of required nursing care, rehabilitation potential and employability.



2. Dental Services

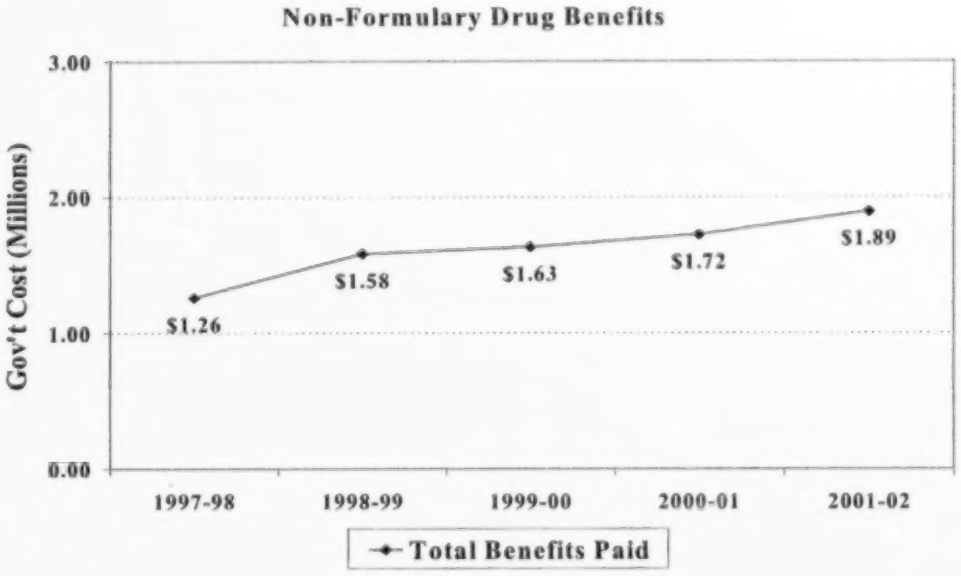
Coverage includes preventive, restorative, exodontic, and prosthetic dentistry for eligible beneficiaries. Coverage for Family Health Benefits children began August 1, 1998.



3. Non-Formulary Drug Benefits

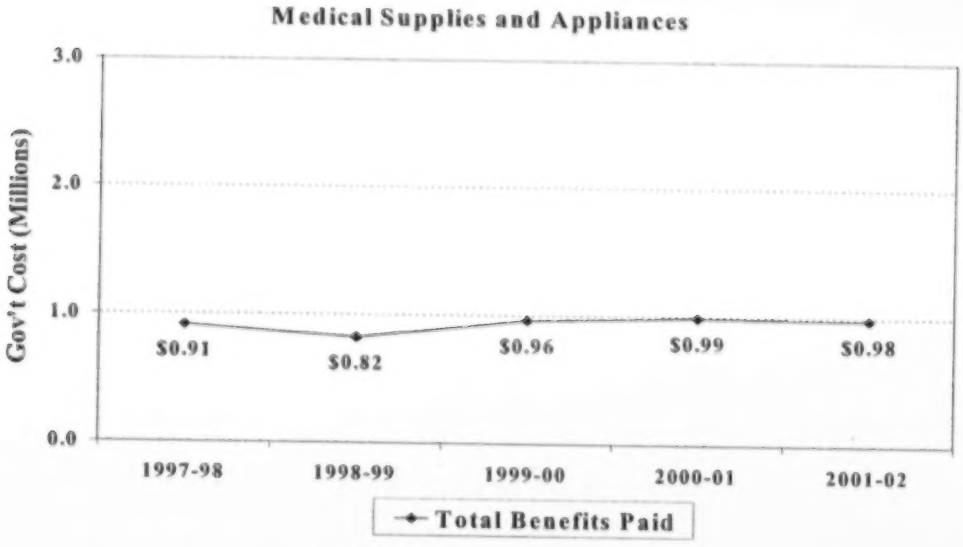
Supplementary Health provides certain non-Formulary drugs without charge for Plan Three residents in nursing and approved community homes, government wards and provincial correctional centre inmates. Formulary and non-Formulary drug benefits for the different levels of Social Assistance Plan coverage are outlined earlier in the report on page 9.

Coverage may also be granted in unusual circumstances for Plan One and Two beneficiaries where drug requirements are not met by Formulary drugs or products approved under Exception Drug Status.



4. Medical Supplies and Appliances

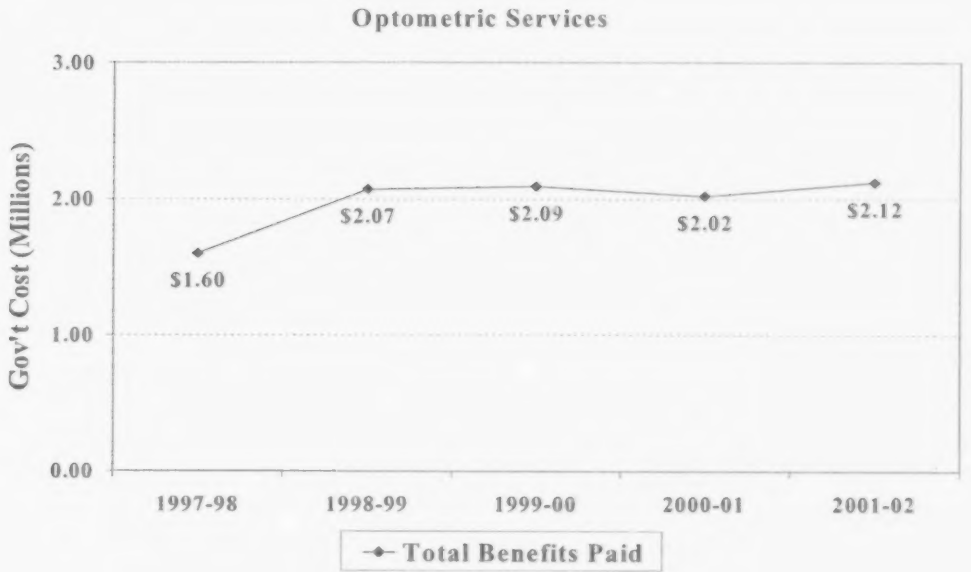
Supplementary Health and Family Health Benefits covers the full cost of most medical supplies and appliances prescribed by a physician for covered beneficiaries.



5. Optometric Services

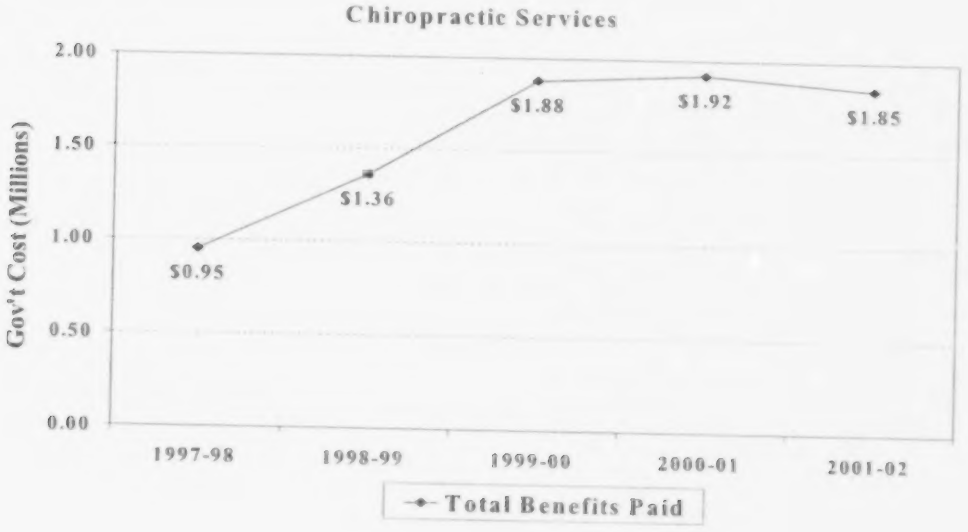
Eyeglasses are covered for Supplementary Health beneficiaries and children of families approved for Family Health Benefits, whether provided by an optometrist or ophthalmic dispensary. Payment is made on the basis of laboratory costs plus a dispensing fee. Fees are paid according to negotiated payment schedules. There is an upper limit on the amount paid for eyeglass frames.

The cost of eye examinations is covered for all Supplementary Health beneficiaries age 18 and over. Children are covered on a universal basis by the Medical Services Plan.



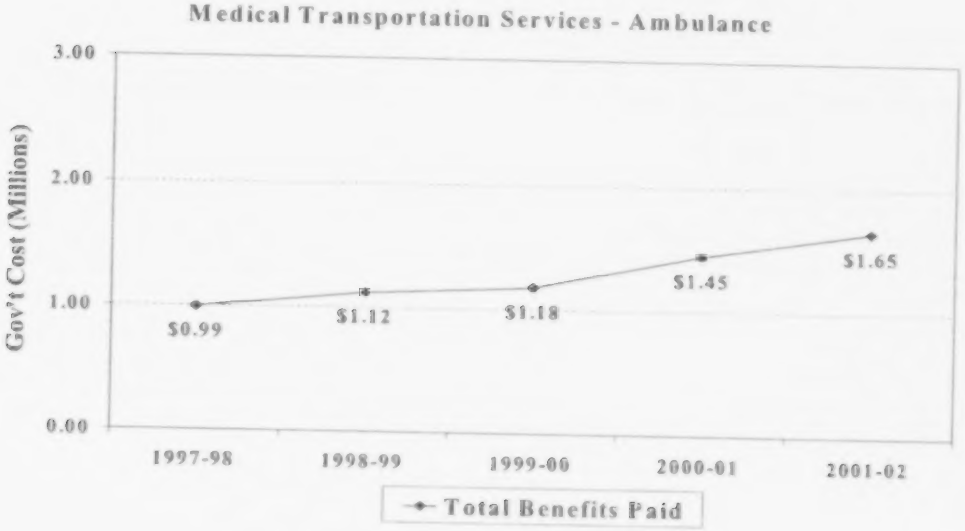
6. Chiropractic Services

The services of chiropractors are fully covered for Supplementary Health, Family Health Benefits and Saskatchewan Income Plan beneficiaries.



7. Medical Transportation – Ambulance

Benefits include coverage for emergency medical transportation by road ambulance.



8. Medical Transportation – Northern Medical Evacuation Program

The Northern Medivac Program, and long-distance medically related transportation for social assistance recipients living in the North is managed by the Northern Health Services Branch.

Effective April 1, 1998, Supplementary Health became responsible for payment of the medical transportation component of the program. During 2001-02 the cost of the medical transportation for the Northern Medivac Program was $2.0 million an increase of $0.1M over the previous year.

Saskatchewan Aids to Independent Living (SAIL)

BACKGROUND

- SAIL began providing benefits on April 1, 1975, providing eligible residents with prosthetic/orthotic devices.

- On August 1, 1975, SAIL benefits expanded to providing equipment loans and equipment repairs for all residents of the province.

- On April 1, 1976, SAIL took over responsibility for: the Paraplegia Program which covers the cost of appliances recommended by the attending physician; the Cystic Fibrosis Program which provides drugs and special appliances for certain beneficiaries; and the Chronic End Stage Renal Disease Program which provides assistance with the cost of necessary medications for certain beneficiaries.

- In 1979-80, the Ostomy and Home Hemophilia programs were added.

- In 1984-85, coverage expanded to include aids and services required by the blind residents in the province.

- In June 1987, the responsibility for the acquisition, distribution and repair of Special Needs Equipment (eg. wheelchairs, patient lifts, etc.) was transferred to the Saskatchewan Abilities Council. SAIL continued to fund the full cost of the program.

- In August 1987, took over administration of the Home Oxygen Program from the Drug Plan.

- In September 1987, transferred responsibility for the acquisition, distribution and repair of equipment required by the blind to the Canadian National Institute for the Blind (CNIB). SAIL continues to provide funding to CNIB for delivery of these services.

- In 1996-97, benefits of the Home Oxygen program were changed to provide benefits according to certain medical criteria.

ELIGIBLE BENEFICIARIES

People with long term disabilities or illnesses which leave them unable to function fully may receive specialized benefits through the SAIL program to help them achieve more independent and active lifestyles.

All Saskatchewan residents, with certain exceptions, are eligible for the Universal Benefits of Orthopaedic Services, Special Needs Equipment, and Home Respiratory Services.

Beneficiaries with particular disabling conditions are eligible under the various Special Benefit Programs; Paraplegia, Cystic Fibrosis, End Stage Renal Disease, Ostomy, and Aids to the Blind.

PROGRAM OBJECTIVES

SAIL has been established to provide aids and services to the physcially disabled residents of Saskatchewan.

Table 15
Caseloads and SAIL Payments

	2000-01		2001-02	
	Caseload	Expenditures	Caseload	Expenditures
Orthopaedic Services	n.a.	$ 2,081,329	n.a.	$ 2,243,728
Special Needs Equipment	n.a.	3,369,108	n.a.	3,797,001
Home Oxygen	2,113	7,409,657	2,281	7,706,364
Respiratory Equipment	n.a.	794,128	n.a.	612,000
Paraplegia	1,803	2,934,635	1,818	3,164,563
Cystic Fibrosis	110	324,826	111	301,802
Renal Disease	682	3,172,245	792	2,958,419
Ostomy	0	638,627	0	692,999
Aids to the Blind	728	272,059	725	280,284
Other Payments	n.a.	54,931	n.a.	85,961
Total		**$ 21,051,545**		**$ 21,843,121**

NOTE: n.a. is not available

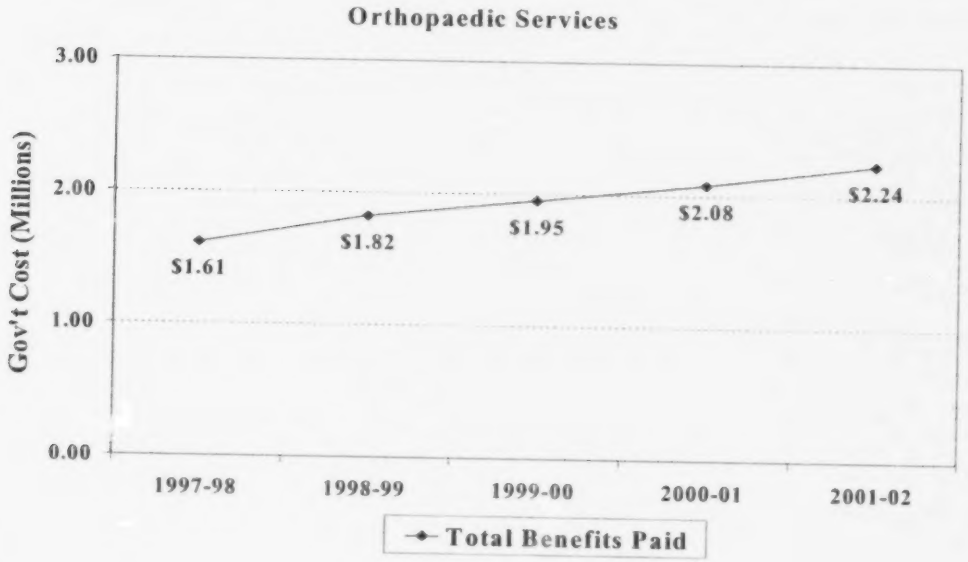
1. Orthopaedic Services

Prosthetic Appliances – Artificial limbs and accessories are supplied, fitted, adjusted and repaired without charge.

Orthotic Appliances – Higher-cost back braces, knee braces and splints are supplied, fitted, adjusted, and repaired without charge.

Specialized and adaptive seating, and custom-built footwear are also provided by SAIL. All of the above services are supplied by the orthotics and prosthetics departments of the Wascana Rehabilitation Centre in Regina and the Saskatchewan Abilities Council in Saskatoon.

Custom pressure or burn garments are supplied and fitted without charge. SAIL arranges for the supplier to provide garments.

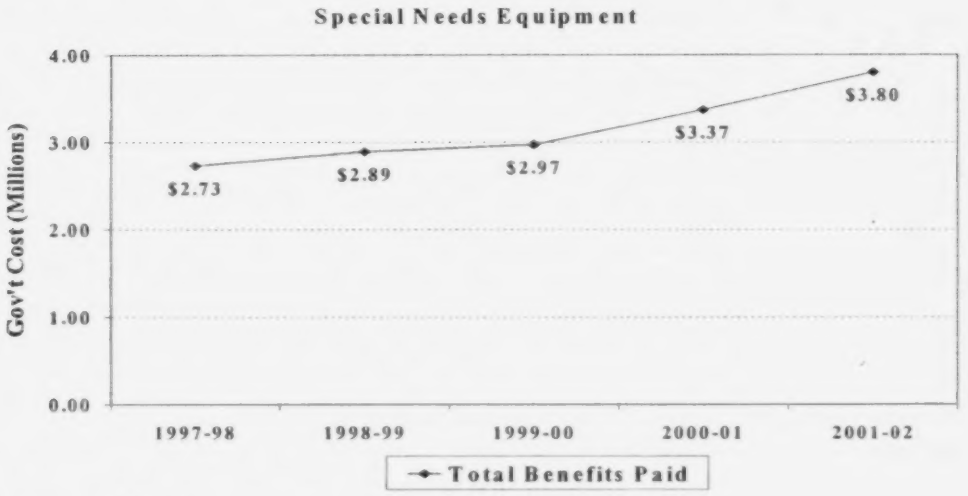


2. Special Needs Equipment

Mobility Aids – Wheelchairs, walkers, and specialized crutches are loaned, maintained and repaired without charge. Eligibility is based on assessed long-term need.

Environmental Aids – Higher-cost equipment such as hospital beds and accessories, transfer assists and commodes are loaned, maintained and repaired without charge. Eligibility is based on assessed long-term need.

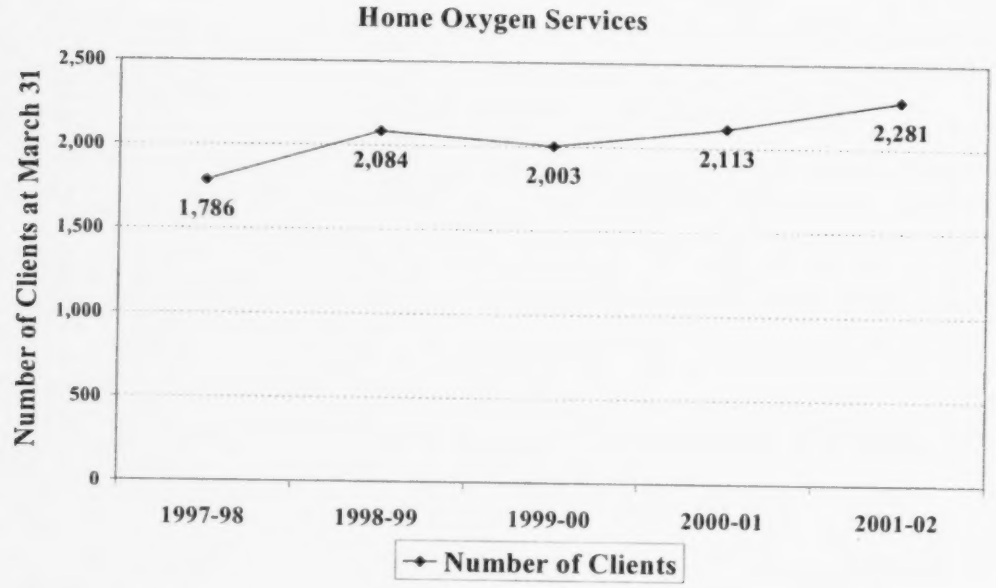
The Special Needs Equipment Program is operated by the Saskatchewan Abilities Council under contract with SAIL. Equipment depots are located in Prince Albert, Regina, Saskatoon, Swift Current and Yorkton.

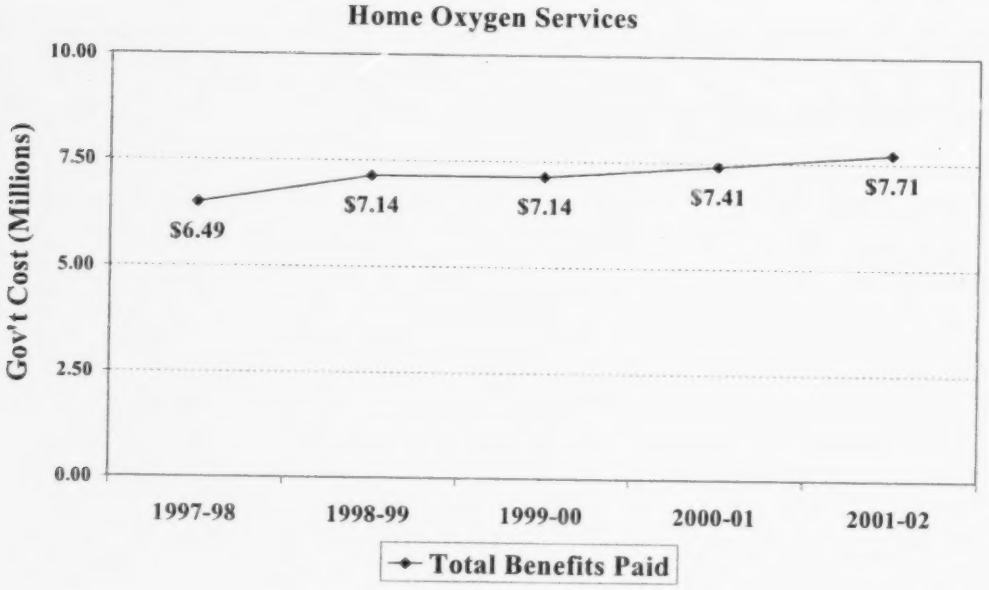


3. Home Respiratory Services

Home Oxygen Therapy – Home oxygen and related equipment are benefits under SAIL for Saskatchewan residents who meet the medical criteria for home oxygen therapy. The systems are supplied by private medical oxygen supply firms under contract with SAIL. SAIL covers the full cost of the basic systems.

Respiratory Equipment – SAIL shares the purchase cost of aerosol therapy compressors for eligible beneficiaries, who are responsible for maintenance and repairs. Home respiratory equipment such as ventilators, CPAP units, suction pumps, percussors, postural drainage boards and tracheostomy humidification packs are loaned, maintained and repaired without charge. Eligibility is based on specific medical criteria.


Home Oxygen Services
Number of Clients at March 31
2,500
2,000
1,500
1,000
500
0
1,786
2,084
2,003
2,113
2,281
1997-98
1998-99
1999-00
2000-01
2001-02
Number of Clients


Home Oxygen Services
Gov't Cost (Millions)
10.00
7.50
5.00
2.50
0.00
$6.49
$7.14
$7.14
$7.41
$7.71
1997-98
1998-99
1999-00
2000-01
2001-02
Total Benefits Paid

4. Special Benefit Programs

In addition to regular SAIL Program benefits, extended coverage is provided to beneficiaries with particular disabling conditions.

Paraplegia Program – Drugs listed in the Saskatchewan Formulary and certain drugs approved for coverage under the Drug Plan Exception Drug Status are available at no charge.

Incontinence management and dressing supplies for chronic conditions are available without charge.

Specialized rehabilitation equipment is loaned, maintained and repaired without charge. Financial assistance for vehicle hand controls, ramps and wheelchair lifts is also provided.

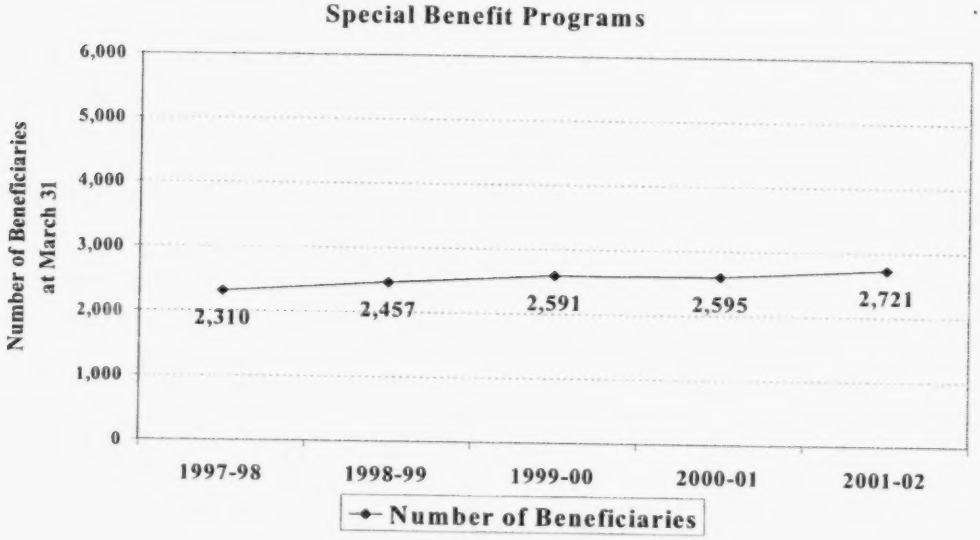
Cystic Fibrosis Program – Drugs listed in the Saskatchewan Formulary and certain drugs approved for coverage under the Drug Plan Exception Drug Status are available at no charge. In addition, food supplements and digestants are covered.

End Stage Renal Disease Program – Drugs listed in the Saskatchewan Formulary and certain drugs approved for coverage under the Drug Plan Exception Drug Status are available at no charge.

Ostomy Program – SAIL provides reimbursement of half the cost of ostomy supplies, such as appliances, adhesives and adhesive removers, to eligible persons referred by enterostomal therapists.

Aids to the Blind Program – Financial assistance is provided for aids such as braille watches, talking calculators and low-vision eyewear. Braillers, tape players and recorders are loaned, maintained and repaired without charge. Magnifiers and telescopes are supplied without charge.

Low vision eyewear is provided through optometric/ophthalmic dispensers. Equipment services are provided by the Canadian National Institute for the Blind (CNIB) under contract with SAIL.



Note: The Special Benefits Programs charts show only the number of caseloads and program expenditures for Paraplegia, Cystic Fibrosis and Renal Disease.

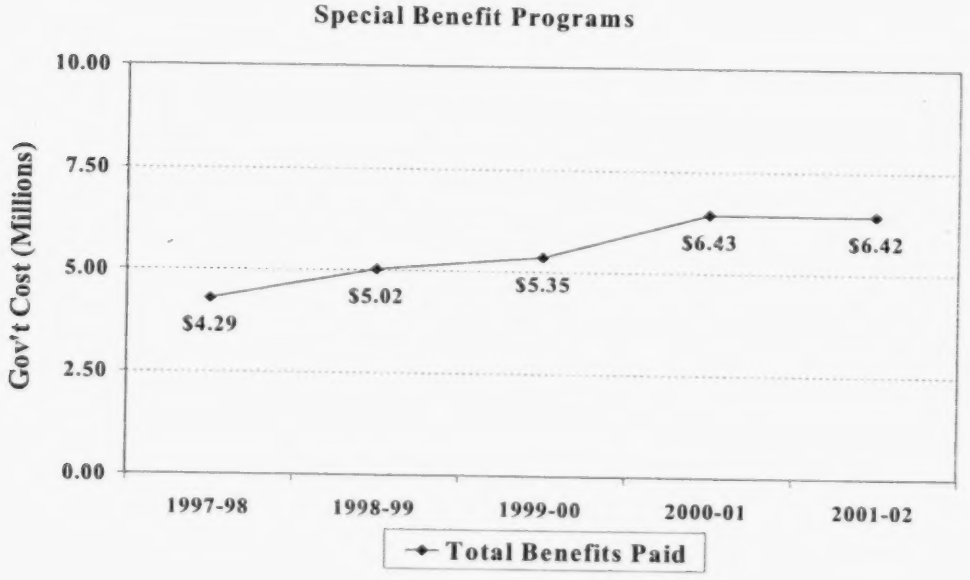


Table 16
Special Needs Equipment Program - Loans

April 1- March 31	1998-99	1999-00	2000-01	2001-02
Wheelchairs				
- Manual	4,517	4,493	4,755	4,216
- Power (electric)	128	98	219	195
Other Aids	18,535	19,091	14,350	16,187
Total Loans	23,180	23,682	19,324	20,598

Table 17
Special Needs Equipment Program - Repairs

April 1- March 31	1998-99	1999-00	2000-01	2001-02
Wheelchairs				
- Manual	1,475	1,333	1,030	1,190
- Power (electric)	498	451	334	438
Other Aids	321	242	81	89
Total Repairs	2,294	2,026	1,445	1,717

Table 18
Orthopaedic Services - Appliances Issued

April 1- March 31	1998-99	1999-00	2000-01	2001-02
Prosthetics	193	174	171	172
Orthotics	3,413	3,215	3,040	3,111
Footwear (braced)	97	67	103	85
Adaptive and Specialized Seating for Wheelchairs	1,110	1,155	1,215	1,232
Total Issues	4,813	4,611	4,529	4,600

Table 19
Orthopaedic Services - Appliances Repaired

April 1- March 31	1998-99	1999-00	2000-01	2001-02
Prosthetics	1,171	1,278	1,153	1,227
Orthotics	1,332	1,526	1,589	1,508
Footwear (braced)	146	118	100	105
Adaptive and Specialized Seating for Wheelchairs	392	452	526	589
Total Repairs	3,041	3,374	3,368	3,429